FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name P96000016325 (8)

KX INTERNATIONAL, INC.

Mar 23 1998 8:00am Secretary of State



2475 CLARK : APOPKA FL 3		2475 CLARK ST APOPKA FL 32703			DO NOT WRITE IN THIS: 3. Date Incorporated or Qualified 02/21/1996	SPACE		
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	A	Applied For	
21		26			59-3361009		ot Applicable	
Suite, Apt #, etc		Suite, Apl. #, etc.			5. Certificate of Status Desired	S8.75 Additional Fee Required		
City & State	е	City & State			6. Election Campaign Financing Trust Fund Contribution		May Be I to Fees	
Zip 24	Country 25	Z(p)	Country 30			☐ Yes ☐	ntangible No	
	9. Name and Address of Curre	nt Registered Agent		T	10. Name and Address of New Registered	Agent		
	rla, Henry L		81	Name				
34 E PINE ST ORLANDO FL 32801			82	Street Ac	ddress (P.O. Box Number is Not Acceptable)			
			83					
			84	City	FL	85 Zip	Code	
office or re agent. It a SIGNATURE	to the provisions of Sections 607.05/ egistered agent, or both, in the State in familiar with, and accept the oblig Segrence, types or poiled name of imposered as	o of Florida. Such change wa yations of, Section 607.0505,	is authorized by Florida Statute	the corpo s.	orporation submits this statement for the purpose o reation's board of directors. I hereby accept the app	changing ointment a	its registered s registered	
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND	DIRECTO	RS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE			Change	Addition	
NAMÉ	HENRY, CURTIS		1.2 NAME			•		
STHEET ADDRESS	424 CRABTREE AVE		1.3 STREET	ADDRESS	1509 Acropolis Circle Ocoee, FL 34761			
DITY-ST-ZIP	ORLANDO FL 32835		1.4 DITY-5	T · ZIP	Ococe, FL 34761			
1111.6		☐ DELETE	2.1 TITLE		·	☐ Change	Addition	
NAME .			2.2 NAME					
STREET ADDRESS			2 3 STHEET	1				
CITY-ST-ZIP		DELETE	2 4 CiTY- 3 1 TiTLE	ST-ZIP		Change	Addition	
TITLE		brtrir	32 NAME			L_1 Orlange	L_I Addition	
NAME STREET ADDRESS			3 3 STREET	ANDRESS				
CHY-ST-ZIP			3.4. CITY -	l				
TITLE		☐ DELETE	4 1 TITLE	**		Change	Addition	
NAME			4 2 NAME					
STREET ADDRESS			4.3 STREE	ADDRESS				
CITY - ST - ZIP			4.4 CITY-5	ST-ZIP				
TITLE		☐ DELETE	5 1 TITLE			Change	Addition	
NAME			5.2 NAME	j				
STREET ADDRESS			5.3 STREE	ADDRESS				
CITY-\$1-ZIP			5.4 CITY-1	ST - ZIP				
TOLE		DELETE	6.1 TITLE			☐ Change	Addition	
NAME			6.2 NAME					
STREET ADDRESS			63 STREE	ADDRESS				
CITY-SI-ZIF			6.4 CITY-	ST-ZIP				

14. Horeby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block. 13 if changed, or on an attachment with an address.

3/17/18 407-294-1912