

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 15, 1999 8:00 am
Secretary of State

04-15-1999 90100 037 ***150.00

DOCUMENT # P96000016925

1. Corporation Name

KACHLER & SABAN CORP.

Principal Place of Business

8396 STATE RD 84
FT LAUDERDALE FL 33324
US

Mailing Address

8396 STATE RD 84
FT LAUDERDALE FL 33324
US

2. Principal Place of Business

21 9330 LAGOON PL

Suite, Apt. #, etc.
22 APT. 310

23 City & State
FT. LAUDERDALE FL.

24 Zip
33324

25 Country
BROWARD

2a. Mailing Address

26 9330 LAGOON PL

Suite, Apt. #, etc.
27 APT. 310

28 City & State
FT. LAUDERDALE FL.

29 Zip
33324

30 Country
BROWARD

9. Name and Address of Current Registered Agent

KACHLER, ARIE
~~8396 STATE ROAD 84~~ 9330 LAGOON PL, APT. 310
FT LAUDERDALE FL 33324

3. Date Incorporated or Qualified

02/23/1996

4. FEI Number

65-0651135

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐

Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *Arie Kachler*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE *4/8/99*

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME D
KACHLER, ARIE
STREET ADDRESS 9330 LAGOON PL STE 310
CITY-ST-ZIP FT LAUDERDALE FL 33324

TITLE ☐ DELETE

NAME D
DE-KACHLER, SARAH S
STREET ADDRESS 9330 LAGOON PL STE 310
CITY-ST-ZIP FT LAUDERDALE FL 33324

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby 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, with all other like empowered.

SIGNATURE: *Arie Kachler*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)