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

DOCUMENT # P96000017694

J. RICHARD KAISER ENTERPRISES, INC.

- 1		
ļ	Principal Place of Business	Mailing Address

Apr 23, 1999 8:00 am Secretary of State 04-23-1999 90054 027 ***150.00

FILED

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SARASOTA FL 34242 SARASOTA FL 34242					DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualifed			l
					02/26/1996			ı
2. Principal Place of Business A 2 2a. Mailing Address				(.D=	4. FEI Number		Applied For	ı
21 40AL ROBERT'S BOUT RO 26 40AC ROBERTS F			5 PIN	-KD	65-0696581		Not Applicable	ı
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired		Additional Required	
			=/		6. Election Campaign Financing Trust Fund Contribution		O May Be d to Fees	
Zip Country Zip C				ASOTA	8. This corporation owes the current year Intangible Personal Property Tax.			
27 7-10	9. Name and Address of Current	1 1 2 10 10	, 5 , 112	41 2-1.	10. Name and Address of New Registered	I Agent		
			81	Name	-			İ
KAISER, RICHARD J 4026 ROBERTS POINT ROAD				Street Add	ess (P.O. Box Number is Not Acceptable)			
1	ASOTA FL 34242		83					
			84	City		85 Zip	Code	
		1 007 4500 51 74 51 51 4				f changing i	te registered.	ı
]1,1Pursuant office or r	to the provisions of Sections 607.0502 registered agent, or both, in the State of	Florida. Such change was aut	horized by	the corporal	poration submits this statement for the purpose clion's board of directors. I hereby accept the appo	ointment as	registered	l
agent. I a	m familiar with, and accept the obligation	ns of, Section 607.0505, Florid	ia Statutes					1
SIGNATURE	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE: R	legistered Ager	it signature requi	red when reinstating) DATE			١,
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECT	TORS IN 12] }
TITLE	D	, DELETE	1.1 TITLE			☐ Change	e Addition	:
NAME 5.1	KAISER, J. RICHARD		1.2 NAME					
STREET ADDRESS	4444		1,3 STREET ADDRESS					ij
CITY-ST-ZIP	SARASOTA FL 34242		1.4 CITY-S	T-ZIP			- DAJJ#	1
TITLE		☐ DELETE	2.1 TITLE			☐ Change	e Addition	Ι΄
NAME,	NAME,		2.2 NAME					
STREET ADDRESS			2.3 STREE	ADDRESS				
		2. 4 CITY - S	IT-ZIP	<u></u>	☐ Change	e	┨	
l			3.1 TITLE				a [] Addition	ł
NAME	•		3.2 NAME		·			
STREET ADDRESS			3.3 STREE		,]
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NAME			4. 2 NAME					1
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NAME			5.3 STREE	r Annoess				1
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STREET ADDRESS					•			
CITY-ST-7IP			6.4 CITY-S	I-ZIP				1

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 suppliemental 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: