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Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90183 019 ***150.00

PROFIT CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P96000021002

1. Corporation Name
KIM LONG, INC.



Principal Place of Business: 1319 ROGERO RD JACKSONVILLE FL 32211
Mailing Address: 1319 ROGERO RD JACKSONVILLE FL 32211

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/05/1996
4. FEI Number: 59-3368592
5. Certificate of Status Desired: Applied For (checked)
6. Election Campaign Financing Trust Fund Contribution: \$8.75 Additional Fee Required
7. This corporation owes the current year Intangible Personal Property Tax: \$5.00 May Be Added to Fees (checked)
8. This corporation owes the current year Intangible Personal Property Tax: Yes (checked), No (unchecked)

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent

NUSSBAUM, WILLIAM
1851 EXECUTIVE CENTER DR
SUITE 102
JACKSONVILLE FL 32207

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

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Table with columns for Title, Name, Street Address, City-ST-ZIP. Includes entry for P VOTRAN, HOANG at 1319 ROGERO RD, JAX FL.

Table with columns for Title, Name, Street Address, City-ST-ZIP. Includes checkboxes for Change and Addition.

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 change, or on an attachment with an address, with all other like empowered

SIGNATURE: HOANG VOTRAN 4-20-1999 904-714

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)