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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P96000025660**

1. Corporation Name

KERSO CORPORATION

| Principal Place | of Business | Mailing Address | | | | | | |
|---|---|------------------------------------|--------------------|------------------------|-----------------------|--|---------------|------------|
| 200 SOUTH ORANGE AVENUE 200 SOUTH ORANGE AVENU | | : | | | | | | |
| SARASOTA FL 34236 | | SARASOTA FL 34236 | | | DO NOT MIDITE IN THIS | CDACE | | |
| | | | | | | DO NOT WRITE IN THIS S | SPACE | |
| | | | | | | 3. Date Incorporated or Qualifed | | } |
| | | | | | | 03/21/1996 | | |
| 2. Principal Pl | pal Place of Business 2a. Mailing Address | | | | | 4. FEI Number | | |
| 21 | | 26 | | | | 65-0657075 | | Applicable |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | | | 5. Certificate of Status Desired | \$8.75 A | |
| 27 | | | | | | O. Commonto di Citata | Fee Re | |
| City & State | 9 | City & State | City & State | | | 6. Election Campaign Financing | \$5.00 | |
| 23 | | 28 | | | | Trust Fund Contribution | Added to | Fees |
| Zip | Country | Zip | Countr | У | | 8. This corporation owes the current year Inta | | |
| 24 | 25 | 29 30 | | _ | | r ersonari roperty rux. | | ⊠No |
| Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent | | | | | | | | |
| | | | 8 | 1 Nam | e | | | |
| HARTENSTINE, J. MICHAEL | | | | 2 Stree | et Addre | ess (P.O. Box Number is Not Acceptable) | | |
| 200 SOUTH ORANGE AVENUE | | | " | . 00 | | | | |
| SARASOTA FL 34236 | | | 8 | 3 | | | | |
| | | | <u> </u> | | | | les Zin C | · · · · |
| | | | | 84 City FL 85 Zip Code | | | | |
| 11 Pureuant | to the provisions of Sections 607 0502 | and 607.1508. Florida Statutes. | the abo | _l ve-name | d corpo | vision submits this statement for the number of o | changing its | registered |
| l office or re | edistered agent, or both, in the State o | if Florida. Such change was auth | onzea d | y tne ço | poration | n's board of directors. I hereby accept the appoin | itment as reg | gistered |
| agent. La | m familiar with, and accept the obligati | ions of, Section 607.0505, Florida | a Statute | ·S. | | | | [|
| SIGNATURE | | hote Pr | gistered Ag | ant signatur | ne required | when reinstating) DATE | | |
| 12. | Signature, typed or printed name of registered agent OFFICERS ANI | | 13. | ent agnata | | ADDITIONS/CHANGES TO OFFICERS AN | D DIRECTO | RS IN 12 |
| TITLE | DP OF ICERS AND | ☐ DELETE | 1.1 T/TLE | | Т | | x[] Change | Addition |
| | | | 1.2 NAME | | | HARTENSTINE, J. MICHAEL | | |
| NAME | | | | | | 200 S ORANGE AVE | | |
| STREET ADDRESS | 200 S ORANGE AVE | | | ET ADDRES | 8 | | | |
| CITY-ST-ZIP | | | 1.4 CITY- | | | SARASOTA FL 34236 | √ Change | Addition |
| TITLE | VP | ☐ DELETE | 2.1 TITLE | | | | XT Anguide | |
| NAME | 77 11 74 11, 67 11 11 12 16 | | 2.2 NAME | | | | | Į |
| STREET ADDRESS | 7671 THE PARK BLVD | | 2 3 STREET ADDRESS | | s | | | |
| CITY-ST-ZIP | UNIVERSITY PARK FL | | 2.4 CITY-ST-ZIP | | | | 34201 | |
| TITLE | ST * DELETE 3 | | 31 TITLE | | | ST | x Change | Addition \ |
| NAME | BARRETT, SUSAN A 32N | | 3.2 NAME | | | HECKER, SUSAN A | | |
| STREET ADDRESS | 200 S ORANGE AVE | | 3.3 STREET ADDRESS | | ss | 200 S ORANGE AVE | | |
| CITY-ST-ZIP | 0.00.00T. FI | | 3.4. CITY | 3.4. CITY-ST-ZIP | | Sarasota FL 34236 | | |
| TITLE | | ☐ DELETE | 4.1 TITLE | | | | Change | ☐ Addition |
| NAME | | | 4 2 NAM | E | | | | - |
| STREET ADDRESS | | | Į. | ET ADDRE | ss | | | |
| | | | Į. | | ss | | | |

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 attackment with an address, with all other like empowered.

4.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

SIGNATURE: SIGNATURE

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

OFFICER OF DIRECTOR

DELETE

☐ DELETE

February 11, 1999

941-329-6610

Change

Change

☐ Addition

☐ Addition