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

PROFIT . CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT DE STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P9600030046 (2)

KAW INVESTMENTS, INC.

Mailing Address

SIS NE THEN AVENUE

Principal Place of Business



97 JUN 20 PM 12: 01

SECRETARY OF STATE TALLAHASSEE, FLORIDA



FORT LAUDERDALE FL 33301			FORT LAUDERDALE FL 33301-1149									
							Date Incorpora 04/05/1996	ated or Qualified	3a. Date o	f Last R	oport	
2. Principal P	lace of Business	2a. Mailing	2a. Mailing Address				FEI Number			Ap	plied For	
21		26					36-	409919	74	No	t Applicable	
Sulte, Apt. #, etc.		Suite, A	Suite, Apt. #, etc.			5. (Certificate of S	Status Dosirod	□ \$	8.75 /	Additional	
22		27	· · · · · · · · · · · · · · · · · · ·				OCTINOLIC OF C			Fee Re	quired	
City & State	9	<u>├</u> ¬ ′	City & State				6. Election Campaign Financing \$5.00 May Be					
23 Zip	Country	28 Zip		Countr			Trust Fund Cor	····-		Added t		
24	25	29		30			8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No					
[24]	9. Name and Address of Curr	ent Registered Ag	<u>l</u>	301				s L Idress of New Re				
MOI	RGAN, WALTER L	•		81	Name		Tunio uno rec	21005 01 11017 110	Ristorou Affer	**		
315 NE THIRD AVENUE												
	RT LAUDERDALE FL 33301		[8			Street Address (P.O. Box Number is Not Acceptable)						
•	TO GOODEN DIEZ I E GOODI			83		·						
-				84	City				FL 85	Zip (Code	
11. Pursuani i	to the provisions of Sections 607.0	502 and 607, 1508.	Florida Statuto	s, the abov	e-name	d corporation	submits this s	statement for the n	urnose of cha	nging it	s registered	
office or re	to the provisions of Sections 607.0 agistered agent, or both, in the Starm familiar with, and accept the obline.	ite of Florida. Such	change was at	ulhorized b	y the co	rporation's bo	oard of directo	rs. I hereby accep	t the appoint	nent as	registered	
-	mamma with and accopt the obl	igations of, Section	007.0003, F161	iloa Statute	5 .							
SIGNATURE	Signature, typed or printed name of registered is	gent and title if applicable	(NO16	Registered Ag	ont signatu	re required when re	einstating)		DATE			
12.	OFFICERS A	ND DIRECTORS	_	13.]A	DDITIONS/CH	ANGES TO OFFIC	ERS AND DIR	ECTOR	S IN 12	
TETLE	D		DELETE	1.1 TITLE		Dife	ctor - A	esident	X	Chango	Addition	
NAME	MORGAN, WALTER L	•		1.2 NAME		KEN	T HAE	GER	_]}	
STREET ADDRESS	315 NE THIRD AVENUE			1.3 STREE	I ADDRESS	708	ROYAL	GER PLAZA	Dr.	.		
CITY-ST-ZIP	FORT LAUDERDALE FL 333	D1	•	1.4 CiTY-1	ST - 7 1P	PT	LAUDE	RMUS PI	<i>4</i> 33.	301		
TITLE			DELETE	2.1 1ITLE		Dire	cter -	Secretary	, 📙 (Change	Addition	
NAME			-	2.2 NAME		Tu	15 1	MEGER	_			
STREET ADDRESS				2.3 STREE	ADDRESS	200	ROUNE	PINEN	Dr			
CITY-ST-ZIP				2 4 C(TY-	ST- ZIP	FŤ	LAURO	MEGER PIACA EXONIE FI	133	301		
TITLE		Ĺ	DELETE	3.1 TITLE						Change	Addition	
NAME				3.2 NAME			80	00022	2130)8-	8	
STREET ADDRESS				3.3 STREET	ADDRESS			-06/24/9				
CITY-ST-ZIP				3.4 CITY-	ST-ZIP			****165	<u>.00 **</u>			
TITLE		L	DELETE	4.1 TITLE		1			□ (Change	Addition	
NAME				4. 2 NAME								
STREET ADDRESS				4.3 STREET	ADDRESS							
CITY-ST-ZIP			7.55.575	4.4 CITY- S	ST-ZiP	ļ						
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NAME				5.2 NAME								
STREET ADORESS				5.3 STREET								
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STREET ADDRESS				6.3 STREET				U.	1/20	100		
CITY-ST-ZIP	y and that the information are all			6.4 CITY - 9	1 - ZIP	<u> </u>			ענטע	17.1		

I do 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 of an attachment with an address.