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 # P96000030046

KAW INVESTMENTS, INC.

Principal Place of Business

315 NE THIRD AVENUE FORT LAUDERDALE FL 33301 Mailing Address

315 NE THIRD AVENUE FORT LAUDERDALE FL 33301

FILED Feb 02, 1999 8:00am Secretary of State

02-02-1999 90002 046 ***150.00



·						<u> </u>	DO NOT WRITE IN THIS SPACE			
] ;	3. Date Incorporated or Qualifed			
2. Principal	Place of Business	T					04/05/1996			
Za. Walking Address							4. FEI Number		Applied For	
11 C	Suite Apt # etc			_			36-4099194	\vdash	 _	
Suite, Ap	Suite, Apt. #, etc. Suite, Apt. #, etc.						00 1000 104		Not Applicable	
2 27							5. Certifcate of Status Desired		5 Additional	
City & State City & State								Fee	Required	
28							6. Election Campaign Financing		O May Be	
Zip	Country	Zip	Country				Trust Fund Contribution —	Adde	ed to Fees	
:∤	25						B. This corporation owes the current year	Intangible	-	
9. Name and Address of Current Registered Agent				30			Personal Property Tax.			
		- Agent		041	N	10	Name and Address of New Register	ed Agent		
MORGAN, WALTER L				81	Name					
315 NE THIRD AVENUE				82 Street Address (P.O. Box Number in Not Assessable)						
FORT LAUDERDALE EL COCCA				82 Street Address (P.O. Box Number is Not Acce						
FORT LAUDERDALE FL 33301			83				The state of the s	# + 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
				84	City	_	The second secon	110 00 119	Code 1 45	
1. Pursuant	to the provisions of Sections 607 0502 a	nd 607 4500 FL 11 0					F	1 '		
office or	registered agent, or both, in the State of I	lorida, Such change was aut	s, the ai	ove-	named cor	rporatio	on submits this statement for the purpose	of changing i	ts registered	
agent. I a	im familiar with, and accept the obligation	s of, Section 607.0505, Florid	da Statu	ıţes.	ne corporat	uon s o	on submits this statement for the purpose poard of directors. I hereby accept the app	ointment as	registered	
IGNATURE										
	Signature, typed or printed name of registered agent and	title if applicable. (NOTE: R	Registered .	Agent :	signature requin	red when r	reinstating) DATE			
OFFICERS AND DIRECTORS			13.				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
16	DP DELETE		1.1 TITI	1.1 TITLE						
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I hereby cer	tify that the information supplied with this	filing doost	6.4 CITY-	o I - ZIP	<u></u>				1	

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 Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

3.NATURE:

1/15/99 954 763 6360

CR2E034"(11/98)