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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## FILED Jan 23 1998 8:00am Secretary of State

	1998	DIVISION OF CO	HPUHATIONS			Ctai	y OI	Sta	· ·
DOCUI 1. Corporation KIM K.		0071421 (7)							
Principal Place	a of Business	Mailing Address							
-									
6324 WALK CIRCLE   6324 WALK CIRCLE   BOCA RATON FL 33433   BOCA RATON FL 33433									
							RITE IN THIS	SPACE	<del></del>
				} ;	<ol> <li>Date Incorpora</li> <li>08/27/1996</li> </ol>		ea		}
Principal Place of Business     2a. Mailing Address					<u> </u>			IA	oplied For
27 7675 W SIERRA TERRACETED 7675 W SIERRA TERR					65-069359	97		<del></del>	ot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of S				Additional
City & State		City & State						<del></del>	equired
23 BOCA		28 BOCA RATON	FL		<ol><li>Election Campa Trust Fund Cor</li></ol>	_	9 🗆		May Be to Fees
Zip	Country	Zip	Country		8. This corporation				
24 334	133 25 USA	29 <i>3343</i> 3	JUSA:		Personal Prope	rty Tax due J	une 30. 📑	Yes [	No
	9. Name and Address of Currer	nt Registered Agent	81 Name		0. Name and Add	iress of New	Registered	Agent	
KUHNFELU, KIM					HOUGH				
6324 WALK CIRCLE				Address	(P.O. Box Number	r is Not Acces	otable) I ERRA	75	
BOCA RATON FL 33433			83	101	5 00 316	- ~~	10.0011		
			84 City 0					Top   7:-	0.4
			P	3cca	RATON		FL	1 77	Code 3433
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 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 reagent, I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.							s registered		
agent, I a	m familiar with and accept the oblig	ations of, Section 607.0505, Florid	ia Statutes.	porations	s board or awantor	o. Thoropy at		/	- ··· -
SIGNATURE	Signature, typed or printed pame of registered age	)	egistered Agent signature	a a second role			F/U	[9Ç	
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14. I hereby certify that the information supplied with this filling does not quality 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 an attachment with an address.

SIGNATURE:

THE OR PRINTED AND TYPED OR PRINTED AND TYPED OR PRINTED AND OF SIGNING OFFICER OR DIRECTOR

1/11/48

161-391-5218