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 # P96000076240

1. Corporation Name

K. WEBB INC.

Principal Place of Business	Mailing Address
10173 MIKADO LANE	10173 MIKADO LANE
ROYAL PALM BEACH FL 33411	ROYAL PALM BEACH FL 33411

Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90282 002 ***150.00



Principal Place of Busin	ess	Mailing Address							
10173 MIKADO LANE 10173 MIKADO LANE ROYAL PALM BEACH FL 3341 ROYAL PALM BEACH FL 3341		33411			DO NOT WRITE	E IN THIS	SPACE		
}						3. Date Incorporated or Qualifed			
ļ						09/13/1996			
2, Principal Place of Bu	siness	2a. Mailing Address				4. FEI Number		T A	pplied For
21		26				NOT APPLICABLE		1 N	lot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.							Additional
22		27				5. Certifcate of Status Desired		-	Required
- City & State		- City & State			J-1- == -	6, Election Campaign Financing		\$5.00	May Be
23		28				Trust Fund Contribution			to Fees
Zip	Country	Zip	Cou	intry		8. This corporation owes the curre	nt vear Int	angible	
24	25	29	30			Personal Property Tax.	•	Yes	□No
	ne and Address of Current	1,	177	Ι.	· · · · · ·	10. Name and Address of New Re	gistered	Agent	
				81	Name				
WEBB, KEVIN				-		(D.O. D., M., J.)		<u></u>	
10173 MIKADO) Lane			82	Street Addre	ess (P.O. Box Number is Not Acceptat	ole)		
	BEACH FL 33411			83					
				-					
				84	City	-	FL	85 Zip	Code
					L				
11. Pursuant to the pro	visions of Sections 607.0502 agent, or both, in the State (2 and 607.1508, Florida Sta of Florida. Such change wa:	itutes, the a s authorized	bove bv	e-named corpo the corporatio	pration submits this statement for the parties of directors. I hereby accept	urpose or the appoi	changing it ntment as r	s registered egistered
agent. I am familiar	with, and accept the obligat	ions of, Section 607.0505,	Florida Stat	utes	•				_
SIGNATURE									
Signature, ty	ped or printed name of registered agent			Agen	it signature required		DATE		
12.	OFFICERS ANI		13.			ADDITIONS/CHANGES TO OFF	CERS AN		
TITLE D		☐ DELETE	1.1 Π	TLE	į.			☐ Change	☐ Addition
NAME WEBB, I	(EVIN		1.2 N	AME					
STREET ADDRESS 10173 N	IIKADO LANE		1.3 \$	REET	TADDRESS				
CITY-ST-ZIP ROYAL	PALM BEACH FL 33411		1,4 CI	TY-S	T-ZIP				
TITLE D		☐ DELETE	2.1 TI	TLE				☐ Change	☐ Addition
NAME WEBB, I	(ELLI		2.2 N	AME					
	NKADO LANE		2.3 \$	REET	ADDRESS				
	PALM.BEACH.FL.33411		2.40	ITY-S	T-71P				
TITLE		☐ DELETE	3.1 π					Change	Addition
NAME			3.2 N		Ì				
STREET ADDRESS					ADDRESS				
			3.4. C		- 1				
CITY-ST-ZIP		☐ DELETE	4.1 TI		1-21			Change	Addition
			4.7 I						
NAME									
STREET ADDRESS			1		ADORESS				
CITY-ST-ZIP		□ BE(5	4.4 Ci	_	T-ZIP			☐ Change	Addition
TITLE		☐ DELETE	5.1 TF				•		
NAME			5.2 N						
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP		<u>, </u>	5.4 CI		T-ZIP				
TITLE		☐ DELETE	6.1 TI	πE				Change	☐ Addition
NAME			6.2 N	AME					
STREET ADDRESS			6.3 S	REET	ADDRESS				
am, at 70			840	TY-ST	T-710				

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 attachment with an address, with all other like empowered.

SIGNATURE: