


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

FILED
Jan 15 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000078294 (1)

1. Corporation Name
K & M MANAGEMENT, INC.

Principal Place of Business
2755 ULMERTON ROAD
CLEARWATER FL 34622

Mailing Address
2755 ULMERTON ROAD
CLEARWATER FL 34622



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/20/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 Zip Country

4. FEI Number

59-3406252

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

MORRIS, ROBERT E
4016 HENDERSON BLVD.
TAMPA FL 33629

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 registered 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 registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	KOUTROUMANIS, DEAN A	
STREET ADDRESS	2602 HAMMOCK COURT	
CITY-ST-ZIP	CLEARWATER FL 34621	

TITLE	D	<input type="checkbox"/> DELETE
NAME	KOUTROUMANIS, JOHN A	
STREET ADDRESS	3005 SPRING OAK AVE.	
CITY-ST-ZIP	PALM HARBOR FL 34684	

TITLE	D	<input type="checkbox"/> DELETE
NAME	KOUTROUMANIS, DEAN J	
STREET ADDRESS	5055 SOUTH HAMPTON CIRCLE	
CITY-ST-ZIP	TAMPA FL 33647	

TITLE	D	<input type="checkbox"/> DELETE
NAME	MONTEVAGO, JAMES A	
STREET ADDRESS	2024 BLUE HAWK COURT #1826	
CITY-ST-ZIP	CLEARWATER FL 34622	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	DEAN A. KOUTROUMANIS
1.3 STREET ADDRESS	4418 SAWGRASS DR.
1.4 CITY-ST-ZIP	PALM HARBOR, FL. 34685

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	435 BRIDLE PATH WAY
4.3 STREET ADDRESS	TARPON SPRINGS FL
4.4 CITY-ST-ZIP	34689

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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.

SIGNATURE:

James A. Montevago

1/5/98

(813) 572-5566

CR2E034 (10/97)