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FILED
Apr 09 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. McIlham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96 000079 594**
1. Corporation Name:

K.A.M. of Jacksonville, Inc.

Principal Place of Business: Mailing Address

**6207 Lake Tahoe Dr.
Jacksonville, FL 32216**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

9/24/1996

4. FEI Number

59-3394051

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

9. Name and Address of Current Registered Agent

**Stephen Tilley
4206 Baymeadows Rd.
Jacksonville, FL 32217**

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 of registered agent or registered agent in charge (if applicable)

(NOTE: Registered Agent's signature required when resigning)

(DATE)

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

**Karem K. Massoudi, President
6207 Lake Tahoe Dr.
Jacksonville, FL 32216**

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

**Azarmia O. Kht G. Massoudi, Vice-President
6207 Lake Tahoe Dr.
Jacksonville, FL 32216**

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY- ST- ZIP

15

16 NAME

17 STREET ADDRESS

18 CITY- ST- ZIP

19

20 NAME

21 STREET ADDRESS

22 CITY- ST- ZIP

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24 NAME

25 STREET ADDRESS

26 CITY- ST- ZIP

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SIGNATURE: x

Karem K. Massoudi
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Karem Massoudi

Date

904-642-2413

Telephone

CR2E034 (10/97)