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

P96000084401 (4)

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

Sandra B. Sirtham

Mar 23 1998 8:00am Secretary of State

. Corporation Name	_ , ,	
K-NITS, INC.		

5405 NORTHWEST 102 AVENUE. SUITE 232 232

Principal Place of Business

5405 NORTHWEST 102 AVENUE. SUITE 232 SUNRISE FL 33351-8743

SUNRISE FL 33351				DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualified 10/11/1996		
2. Principal Place of Busin	ness	2a. Mailing Address			4. FEI Number 45-069	Applied For	
21		26		<u> </u>	APPLIED BORGO 607	Not Applicable	
Suite, Apt. #, etc.	Ae	Suite, Apt. #, etc. \$		15	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State	ABI	City & State	ABO	e	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip 24	Country 25	Zip 29	Country 30		This corporation owes or has paid the Personal Property Tax due June 30.	current year Intangible Yes No	
g, Name	and Address of Current	Registered Agent			10. Name and Address of New Register	ed Agent	
KLEIN, JACOI			81	Name			
5405 N.W. 102ND AVE SUITE 232 SUNRISE FL 33351			82	82 Street Address (P.O. Box Number is Not Acceptable)			
			83				
•			84	City	<u> </u>	85 Zip Code	
					oration submits this statement for the purposion's board of directors. I hereby accept the		

agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes

			·		
SIGNATURE	Signature typed or printed name of registered agent and title it applicable. (NOTE:	Registered Agent signature	required when reinstating) DATE		
12.	OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	ST DELETE	1.1 TITLE	Change Addition		
NAME	KLEIN, JACOB DAVID	1.2 NAME			
STREET ADDRESS	5405 N.W. 102ND AVE	1.3 STREET ADDRESS	,		
CITY-ST-ZIP	SUNRISE FL 33351	1.4 CITY - ST - ZIP	<u></u>		
TITLE	DELETE	2.1 TITLE	Change Addition		
NAME		2.2 NAME			
STREET ADDRESS		2.3 STREET ADDRESS			
CITY-ST-ZIP		2.4 CITY-ST-ZIP			
TITLE	DELETE	3.1 TITLE	Change [] Addition		
NAME		3.2 NAME			
STREET ADDRESS		3.3 STREET ADDRESS			
CITY-ST-ZIP		3.4. CITY - ST - ZIP	j		
TITLE	☐ DELETE	4.1 TITLE	Change Addition		
NAME		4. 2 NAME			
STREET ADDRESS		4.3 STREET ADDRESS			
CATY - ST - ZAP		4.4 CITY - ST - ZIP			
TITLE	DELETE	5.1 TITLE	Change Addition		
NAME		5.2 NAME			
STREET ADDRESS		5.3 STREET ADDRESS			
CITY-ST-ZIP		5.4 CITY-ST-ZIP			
TITLE	DELETE	6.1 TITLE	Change Addition		
NAME		6.2 NAME			
STREET ADDRESS		6.3 STREET ADDRESS			
CITY-ST-ZIP		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: ___

KWANTER PROUNCD