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 # P96000101195

KIMI INVESTMENT CORPORATION

Principal Place of B	usiness	Mailin	g Address							,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
15212 E. COLONIAL DRIVE 795 CYPRESS GARDEN BLVD. ORLANDO FL 32826 WINTER HAVEN FL 33880							DO NOT WRITE IN THIS	SPAC	E		
							3. Date Incorporated or Qualifed 12/16/1996				
Principal Place of Business 2a. Mailing Address							4. FEI Number	$\overline{}$	App	lied For	
¬ · · · · · · · · · · · · · · · · · · ·			26				59-3417099	<u> </u>	Not	Applicable	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				Certifcate of Status Desired \$8.75 Additional Fee Required				
City & State			City & State			· ·	6. Election Campaign Financing Trust Fund Contribution	· · · · · · · ·			
Zip	Country 25	Zip 29)	Coun	try		This corporation owes the current year In Personal Property Tax.	tangible		 ⊒No	
	Name and Address of Current	 -	d Agent	I			10. Name and Address of New Registered	Agent			
					81	Name					
GANDHI, VIJAYKUMAR 795 CYPRESS GARDEN BLVD. WINTER HAVEN FL 33880					82	Street Addre	ess (P.O. Box Number is Not Acceptable)				
					83						
	-			}	84	City	FI	85	Zip Co	ode	
office or registe agent. I am fan SIGNATURE	red agent, or both, in the State of illiar with, and accept the obligation ire, typed or printed name of registered agent	ons of, Se	Such change was a ction 607.0505, Flo	uthorized orida Statu	by ti tes.	he corporation	oration submits this statement for the purpose of h's board of directors. I hereby accept the appo	ntment	as reg	istered	
12.	OFFICERS AND			13.			ADDITIONS/CHANGES TO OFFICERS A	ID DIR	ECTOP	RS IN 12	
TITLE PV			DELETE	1.1 TiTL	.E		<u> </u>	CI	nange	☐ Addition	
NAME GA	NDHI, VIJAY			1,2 NAM	1,2 NAME						
STREET ADDRESS 795	CYPRESS GARDEN BLVD.		•	1.3 STF	REET/	ADDRESS				'	
CITY-ST-ZIP WIN	ITER HAVEN FL 33880			1.4 CIT	Y-ST-	ZIP					
TITLE	,		☐ DELETE	2.1 TITL	2.1 TITLE			□ CI	iange	Addition	
NAME				2.2 NAM	Æ					İ	
STREET ADDRESS				2.3 STF	REET #	ADDRESS				ļ	
CITY-ST-ZIP	<u> </u>	<u></u>	2.40			-ZIP		□ CI		Addition '	
TITLE	•		☐ DELETE	3.1 ТП			•	Цα	lange -	☐ Addition	
NAME				3.2 NAA							
STREET ADDRESS				1		ADDRESS					
CITY-ST-ZIP	<u> </u>			4. CITY-ST-ZIP			□ci	hange	Addition		
TITLE				4.1 IIIU					-3-		
NAME						ADDRESS	_				
STREET ADDRESS							•				
CITY-ST-ZIP TITLE			☐ DELETE	4.4 CIT		-218"		□ CI	hange	☐ Addition	
NAME				5.2 NA				_	-	_	
1						ADDRESS					
STREET ADDRESS				5.4 CIT		1					
CITY-ST-ZIP			☐ DELETE	6.1 TII					nange	Addition	

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.

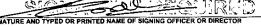
6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS



FILED Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90054 048 ***150.00