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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000104313 (7)

FILED May 21 1998 8:00am Secretary of State

KI FAI	IRWAY ENTERPHISES, INC.								
Principal Plac	e of Business	Mailing Add	ress				- I I POLICO I CON 1861 O BALLIC DO COLO DO CO	FOR III(a) II	806 tali 100t
SUITE 480	EE BOULEVARD	5850 T.G. LEE BOULEVARD SUITE 460 ORLANDO FL 32822					DO NOT WRITE IN THIS SPA	VCE.	
ORLANDO F	L 32022	UHLANDO	FL 32822				3. Date Incorporated or Qualified 12/30/1996	<u></u>	
2. Principal Place of Business 2a. Mailing Address 25)S			4. FEI Number 59-3421497		oplied For ot Applicable
27			Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 / Fee Re	Additional equired
City & Stale		City & Str	eite				Election Campaign Financing Trust Fund Contribution	\$5.00 Added	
Zip 24	Country 25	7 m		Count	ry 		8. This corporation owes or has paid the current Personal Property Tax due June 30.	Yes [angible No
	9. Name and Address of Curren	it Hegistered Age	nt				10. Name and Address of New Registered Age	nt	
	EST, BRADFORD D			8	1	Name			
215 N. EOLA DRIVE ORLANDO FL 32801					2	Street Addre	s (P.O. Box Number is Not Acceptable)		
				8	3				
					4	City			Code
office or r	to the provisions of Sections 607.050; egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida, Such o	hange was au	ithorized !	hν	the corporation	pration submits this statement for the purpose of ch on's board of directors. I hereby accept the appoint	anging it tment as	s registered registered
SIGNATURE				· · · · · ·	_				
12.	Signature typed or printed name of registered age OFFICERS AND		(NOTE:	Registered A	igen	n; signature required	ADDITIONS/CHANGES TO OFFICERS AND DI	DECTOR	OS INI 12
TITLE	D		DELETE	1.1 7(7)				Change	Addition
NAME	DYER, THOMAS	•		1.2 NAM					 ·
STREET ADDRESS	5850 T.G. LEE BLVD., SUITE	460				ADDRESS			
CITY-ST-ZIP	ORLANDO FL 32822			1.4 City		- 1			
TITLE	D		DELETE	2 1 DIL				Change	Addition
NAME	Baker, Kari			2.2 NAM	Ŀ				
STREET ADDRESS	5850 T.G. LEE BOULEVARD,	SUITE 460		2.3 STRE	(14	ADDRESS			
CITY-ST-ZIP	ORLANDO FL 32822			2. 4 CHY	r - S1	T-ZIP			
TITLE		E.	DELETE	3.1 11111	<u>:</u>			Change	☐ Addition
NAME				3.2 NAM	E				
STREET ADDRESS				3 3 STRE	er 4	address			
CITY-ST-ZIP			T 50 FF-	3.4. CITY		T - ZIP			
TITLE		L] DELETE	4.1 11111			L] Change	☐ Addition
NAME				4. 2 NAN		1			
STREET ADDRESS						ADDRESS			
CiTY-ST-ZIP			DELETE	4.4 CITY		- ZIP		Change	Addition
TITLE		_	T DEFENT	5.1 TITLE				Onange	LJ ROUMUH
NAME ETREEY ADDRESS				5.2 NAM		ADDDECC			
STREET ADDRESS						ADDRESS			
CITY-ST-ZIP TITLE			DELETE	5.4 CITY 6.1 TITLE	_	-115		Change	Addition
NAME		L.		6.2 NAM				Jana	
STREET ADDRESS						ADDRESS			
						i			
CITY-ST-ZIP	certify that the information supplied w	th this filing does	not qualify for	6.4 CITY			Section 119 07(3)(i). Florida Statutes I further certify	v that the	information

reflect certain the mornishment supplied with the mornishment of quality for the exemption is accorded in Section 119.07(3)(i), notice statutes. Further certify that the importance indicated on this annual report or suppliermental 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 exercise or justee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 or an appear of the exercise of the exercis

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