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 # P97000028091 (1)

K.G.D. CORPORATION					
Principal Place of I	Business	Mailing Address			
12391 DIVOT DRIVE BOYNTON BEACH FL 33437 12391 DIVOT DRIVE BOYNTON BEACH FL 33437				DO NOT WRITE I	
				Date incorporated or Qualified 03/27/1997	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	
21		26		65-0739561	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	
City & State		City & State		Election Campaign Financing Trust Fund Contribution	
Zip	Country	Zip	Country	8. This corporation owes or has paid	

FILED Apr 07 1998 8:00am Secretary of State



IN THIS SPACE Applied For Not Applicable \$8.75 Additional Fee Required \$5.00 May Be Added to Fees d the current year Intangible 30. Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name **BLATZ, WILLIAM** 12391 DIVOT DRIVE 82 Street Address (P.O. Box Number is Not Acceptable) **BOYNTON BEACH FL 33437** 83 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. (NOTE Registered Agent signature required when reinstating OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE TITLE 1.1 TITLE Change Addition BLATZ, WILLIAM NAME 1.2 NAME 12391 DIVOT DRIVE 1.3 STREET ADDRESS STREET ADDRESS **BOYNTON BEACH FL 33437** 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 21 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE Change Addition 3.1 TITLE TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP Change DELETE Addition TITLE 5.1 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY - ST - ZIP

14. Thereby 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: