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

PROFIT CORPORATION ANNUAL REPORT

1998

CITY-ST-ZIP

14. I hereby certify that the information indicated on this annual report or s

officer or director of the corpor Block 12 or Block 13 if charge



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P97000031684 (8) DOCUMENT #

K & A PROPERTIES, INC. Principal Place of Business Mailing Address 1001 WEST MOWRY DRIVE 1001 WEST MOWRY DRIVE HOMESTEAD FL 33030 HOMESTEAD FL 33030 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/07/1997 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59 - 1964408 Not Applicable 26 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing \Box Trust Fund Contribution Added to Fees 28 23 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. X Yes \square No Zip Country 25 29 30 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name PETERSON, WADE C 234 N. KROME AVE. 82 Street Address (P.O. Box Number is Not Acceptable) HOMESTEAD FL 33030 63 64 City Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statules, 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: typed or printed name of registered agent and title if applicable [NOTE: Registered Agent signature required when reinstailing) DATE OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. 12. Change Addition PSD DELETE 1.1 TITLE TITLE Jackson, **ri**chard s III 1.2 NAME NAME 1380 S. AUDUBON DRIVE 1.3 STREET ADDRESS STREET ADDRESS **HOMESTEAD FL 33035** 1.4 CITY - ST-7IP CITY-ST-ZIF Change Addition VPTO DELETE 2.1 TITLE TITLE Jackson, Richard Jr. 2.2 NAME NAME 396 N.W. 18 STREET STREET ADDRESS 2.3 STREET ADDRESS **HOMESTEAD FL 33030** 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 CITY-ST-ZIP 3.4. CITY - \$1 - ZIP Change Addition DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-7IP CITY-ST-ZIP Addition ☐ Change DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition 6.1 THLE TITLE 6.2 NAME NAME **6.3 STREET ADDRESS** STREET ADDRESS 6.4 CITY-ST-ZIP

> s not a is true

> > 1/9/90 スピックロビッグスノー

ralify for the exemption stated in Section 119.07(3)(i), Florida Statules. I further certify that the information of accurate and that my signature shall have the same legal effect as if made under oath, that I am an led to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

FILED

Jan 20 1998 8:00am

Secretary of State