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

PROFIT CORPORATION **ANNUAL REPORT**

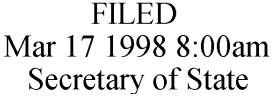
1998



FLORIDA DEPARTMENT OF STATE Sandra B. Morthám 🤼

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #	P97000033121	(9)	
KAUFFMAN & ASSO			



DOCL	JMENT # P9700	0033121 (9))	
	FMAN & ASSOCIATES, INC		,	
Principal Pla	ice of Business	Mailing Address		- TODINODE IIA IDEKI KODIK ODRIK DOKU BAKU DEKAR KINDO NIKAI KINDO KINDO KINDO KINDO KINDO KINDO KINDO KINDO K
579 RIDGEW	/00 0 DR.	579 RIDGEWOOD DR.		
WINDERMER	TE FL 34786	WINDERMERE FL 34786	}	DO NOT WINTE IN THE COACE
				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified
				04/11/1997
2. Principal	Place of Business	2a. Mailing Address		4. FEI Number Applied For
21		26		59 - 3454577 Not Applicable
Suite, Ap	t. #, etc	Suite, Apt. #, etc.	·····	5. Certificate of Status Desired \$8.75 Additional
22		27		5. Certificate of Status Desired Fee Required
City & Sta	ate	City & State	1,21	6. Election Campaign Financing \$5.00 May Be
23		28		Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No
24	9. Name and Address of Curre	29 29 Annt Registered Agent	30	Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent
Di	DAT, KATHLEEN	on riogistorou Agont	81 Name	
	063 N. GOLDENROD RD., STE. 3	\		
	INTER PARK FL 32792	•	82 Street	Address (P.O. Box Number is Not Acceptable)
•			83	
			84 City	FL 85 Zip Code
11. Pursuan	t to the provisions of Sections 607.05	02 and 607.1508, Florida Stati	utes, the above-named	
office or agent 1	registered agent, or both, in the Stat am familiar with, and accept the obli	le of Florida. Such change was gations of, Section 607.0505, f	: authorized by the coi Florida Statutes.	d corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered
SIGNATURE		•		
	Signature, typed or printed name of registered a		OTE: Registered Agent signatur	
12.	OFFICERS AI	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	KAUFFMAN, BARBARA	☐ DELETE	1.1 TITLE	Change L Addition
NAME CAREET ADDRESS	ETA DIDADUADO DO		1,2 NAME	
STREET ADDRESS	WINDERMERE FL 34786		1.3 STREET ADDRESS	·
CITY-ST-ZIP TITLE		DELETE	1.4 CITY-ST-ZIP 2.1 TITLE	Change Addition
NAME			2.2 NAME	
STREET ADDRESS			2.3 STREET ADDRESS	
CITY-SI-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	<u> </u>		3.4. 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	
TITLE	İ	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP		☐ DELETE	5.4 CiTY-ST-ZIP	Change Addition
TITLE			61 TITLE	
NAME CORECT ANDRESS			62 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	

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 suppliemental 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.