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

ŀ		MENT # P9700 KETTLE INC.	0003622	21 (4))								
Principal Place of Business Mailing Address									18 1 110 18111 1731	OBIN DEAD D			
3351 17TH STREET 3351 17TH STREET													
SAF	rasota fl	34235	SARASOTA FL 34235					DO NOT WRITE IN THIS SPACE					
								3. Date In	corporated or				
l								04/2	1/1997				
2. P	rincipal Pla	cipal Place of Business 2a. Mailing Address						4. FEI Nur	nber	702	<u> </u>	Ar	oplied For
21		<u> </u>	26					62.	-074 1	X30	₹		ot Applicable
				Apt. #, etc.				5. Certific	ate of Status D	esired			Additional equired
22	ity & State	- <u> </u>	City & Stato					• Floring	. C				•
23	ally is State		}—¬ `	28					n Campaign Fi und Contributio	-	П		May Be to Fees
	ip	Country Zip			Country				rporation owes		aid the co		· · · · · · · · · · · · · · · · · ·
24		25	29		30				al Property Tax	•			J No
		9. Name and Address of Cur	rent Registered Ag	enl		81 Name		10. Name	and Address	of New Re	gisterec	Agent	
	KETTLE, DUTCH						M	v. Has	EL G	OR I	7		
3351 17TH STREET								ss (P.O. Box	Number is No	, Accepta	ble)		
SARASOTA FL 34235						83 32	<u>52</u>	- PAt	ton >	<u> </u>			
	·	i				03							<u>'</u>
1						84 City(10	Agat	L		FI	85 Zip	Code
11	Pureuent tr	the provisions of Sections 607.0	0502 and 607 1508	Élorida Statu	tes the a	bove-named	COTOO	ration submi	s this stateme	nt for the i	nurnose.	of changing if	ts registered
'''	office or re	gistered agent, or both, in the St n familiar with, and accept the ob-	late of Florida. Such	change was	authorize	ed by the corp	poratio	n's board of	directors. I he	reby acce	pt the ap	pointment as	registered
1		MACHAOU	7270	1,0000.100	ionoa sie	itutes.					4-	15-98	?
SIGI	NATURE -	Significant typied or printed name of regulatived	Lagent and tille it applicable	(NO	TF. Register	ed Agent signature	e required	when reinstating)		DATE		/
12.		OFFICERS .	AND DIRECTORS		13.			ADDITIO	NS/CHANGES	TO OFFI	CERS AN		
TITLE		☐ DELETE		1.1 T		بم ا		(() ()	7		Change	Addition	
NAME					4	IAME	Mi	CHRE	LOCK!	_			
STREE	T ADDRESS	ESS		1.3 STREET ADDRESS		ನ್ನ	DA PA	HOUST 4, FL	340	38			
	ST-ZIP	DELETE			1.4 CITY-ST-ZIP		KA SOLV	4, 1	240	<u></u>	Change	Addition	
TITLE		Decene			2.2 NAME						Change		
NAME	į.				1	TREET ADDRESS							
1	T ADDRESS					CITY-ST-ZIP							
TITLE	ST-ZIP	DELETE		3.1 7		 					Change	☐ Addition	
NAME			_			AME							
	T ADDRESS				3.3 5	TREET ADDRESS							
1	ST-ZIP					CITY-ST-ZIP							
TITLE			Ţ	DELETE	4.13	ITLE						Change	Addition
NAME					4.2	NAME							
STREE	T ADDRESS				4.3 5	TREET ADDRESS							
спу-	ST-ZIP				_	CITY-ST-ZIP	ļ					- 🗆 😁	1 4 100
TITLE	£ D		DELETE		5.1 1ITLE						Change	Addition A	
NAME						IAME							
	T ADDRESS					TREET ADDRESS		,					
	ST-ZIP			DELETE		OTY-ST-ZIP						Change	Addition
TITLE			L	DELETE		ITLE						- numbe	
NAME	T ADDRESS					iame Street address							
					■ D.5 3	HIECK MUDDEGO	1						

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 employered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed on an artifactor of the corporation of the corpor

CITY-ST-ZIP

FILED

Apr 22 1998 8:00am

Secretary of State