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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P97000040144**1. Corporation Name

FRANK KASPER, INC.

FILED Jan 27, 1999 8:00am **Secretary of State**

01-27-1999 90057 010 ***150.00



Principal Place	of Rusiness	Mailing Address				. E INDBANNUMA IAM AMAKA ANDALA NANTA 	MATIN AMIN'S BANTO MO) E1011 9:01 1001	
Principal Place of Business 3900 SW 52ND AVE. APT. 804		3900 SW 52ND AVE. APT. 804								
PEMBROKE PAR		PEMBROKE PARK FL 33023								
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						RITE IN THIS S	PACE .		
						3. Date incorporated or Qualife 05/06/1997	d 			
2. Principal Pla	ace of Business	2a. Mailing Address				4. FEI Number		L A	pplied For	
21		26				65-0750916	· · · · · · · · · · · · · · · · · · ·		ot Applicable	
Suite, Apt. 7	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	□.		Additional equired	
City & State		City & State				6. Election Campaign Financin	g 🗆	\$5.00	May Be	
23		28	•		•	Trust Fund Contribution	⊔, 	Added	to Fees	
Zip	Country	Zip 29	Соц 30	ntry		This corporation owes the current Personal Property Tax.		ngible 🔲 Yes	□No	
24	9. Name and Address of Current	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	[30]	i -		10. Name and Address of New	Registered A	gent		
	9. Name and Address of Current	Registered Agent	<u> </u>	81 Nar	ne			,		
	PER, FRANK	-		82 Stre	et Addre	ss (P.O. Box Number is Not Acce	ptable)			
	SW 52ND AVE, APT. 804 BROKE PARK FL 33023			83						
							\$	lee le za	Code	
				84 City	!		FL	85 Zip	Code	
office or re agent. I ar	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligation	STEINNA SUCH CHANNE WA	is admonzed	เมาเทษเ	orporation	n's board of directors. I hereby acc	cept the appoin	tment as r	egistered	
SIGNATURE			OTE: Designation	A mant planed	uro required	when reinstation)	DATE			
	Signature, typed or printed name of registered agent			Agent signat	ure required	when reinstating) ADDITIONS/CHANGES TO 0	DATE DEFICERS AND	DIRECT	ORS IN 12	
12.	OFFICERS ANI		13.		ure required	when reinstating) ADDITIONS/CHANGES TO C		DIRECT		
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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 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, with all other like empowered.

SIGNATURE: