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

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Secretary of State

FILED

Jun 24 1998 8:00am

Secretary of State

DIVISION OF CORPORATIONS

P97000041857 (8) DOCUMENT # 1. Corporation Name

IAMES & KISED INC

STREET ADDRESS

JAMES S. NISER, INC.				
Principal Place of Business	Mailing Address		I TORRIDGE HA FRIEN IRRAN BRING BRING BRING BRING BILDER HARRE BANGE FRAN	ji
P.O. BOX 4625	P.O. BOX 4625			
FT LAUDERDALE FL 33338	FT LAUDERDALE FL 33	338		
			DO NOT WRITE IN THIS SPACE	
			3. Date Incorporated or Qualified 05/12/1997	
2. Principal Place of Business	2a. Mailing Address		4. FEI Number Applied Fo	or
21	26		65-0753 252 Not Applica	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired Sa.75 Additiona	al
22	27		ree mequired	
City & State	City & State		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	J
Zip Country	28	Country		
	29	30	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No	
	of Current Registered Agent	[30]	10. Name and Address of New Registered Agent	
CHACE, KENNETH	**************************************	81 Name		
1975 EAST SUNRISE BLVD)	20 0 14 (1	(2.0.0.4)	
FT LAUDERDALE FL 33304		82 Street Addr	ress (P.O. Box Number is Not Acceptable)	
THE GOOD IN THE TE COOK	•	83		
		84 City	FL 85 Zip Code	
office or registered agent ← both in	s 607.0502 and 607.1508, Florida Statu the Stale of Florida. Such change was the obligations of, Section 607.0505, F	authorized by the corporat	poration submits this statement for the purpose of changing its register tion's board of directors. I hereby accept the appointment as register	ed ed
SIGNATURE				- -
Signature: typed or praited name of re	egetered agent and the if applicable (NC CERS AND DIRECTORS	If Flugistered Agent signature requir	red when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12. 4 OFFICE	DELETE	1.1 TITLE	Change Add	
NAME KISER, JAMES S		1.2 NAME		
STREET ADDRESS P.O. BOX 4625	> 114	1.3 STREET ADDRESS		
ST LAUDEDDALE EL	33338	1.4 CITY-ST-ZIP		
TITLE PI LAUDERDALE PL	DELETE	2111111	Change Ado	dilion
ME		22 NAME		
STREET ADDRESS		2.3 STREET ADDRESS		
		2. 4 CITY-\$T-ZIP		
CITY-S1-ZIP	DELETE	31 THTLE	Change Ado	dition
NAME	_	3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4. CITY-ST-ZIP		
TITLE	DELETE	4.1 TITLE	Change Ado	dition
NAME		4 2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY - S1 - ZIP		
TITLE	DELFTE	5.1 TITLE	Change Add	dition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
City-ST-2IP		5.4 CITY - ST - ZIP		
TITLE	DECETE	6.1 TITLE	5.000000000000000000000000000000000000	dition
NAME		6.2 NAME		
		e a cypery appoints	-06/25/3801018033 🎉 🛺	

CITY-ST-ZIP 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.

6.3 STREET ADDRESS

6.4 CITY - S1 - ZIP

***][:[]:[II]