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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P97000047972 (9)

KIMWAY ENTERPRISE, INC.

FILED May 22 1998 8:00am Secretary of State



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Principal Place of Business Mailing Address					• 19411861 (10 1911) (46)(46)(1 46)(1	ini mbili bibil	;	71 0 (101 100)
% CAROL MO								
7973 THIRD AVENUE SOUTH ST PETERSBURG FL 33707		7973 THIRD AVENUE SOUTH			DO NOT WRITE IN THIS SPACE			
of relendor	ONG FE 33707	ST PETERSBURG FL 33707			3. Date Incorporated or Qualified			
-					05/29/1997			
2. Principal P	Place of Business	2a. Mailing Address			4. FEI Number		- Ar	oplied For
21 700 W	State Road 434	26 700 W State	Road 434		59-3 464444			ot Applicable
Suite, Apt.	#, el c.	Suite, Apt. #, etc.			5. Certificate of Status Desired	П		Additional
22		27			6. Certificate of Status Desired		Fee Re	aquired
City & State		City & State			Election Campaign Financing \$5.00 May Be			
Zip	cod Seminole City, FL			, FL	Trust Fund Contribution		Added 1	
24 32750	⊢ı ′	21p 29 32750	Country		8. This corporation owes or has pa	_	- · -	'
24 32 750	25 S. Name and Address of Current I		30		Personal Property Tax due June 10. Name and Address of New Re			_ No
МС		Togotolog rigotic	81 Name		10. Hanne Bild Address of New Ne	Aletered y	Apoin	
MCATEE, CAROL CPA 7973 3RD AVENUE SOUTH					nik Wai Chan			
	PETERSBURG FL 33707				s (P.O. Box Number is Not Acceptat	ole)		
31 FEJERODONG FL 33/0/				W_St	ate Road 434			
•								
			84 City		. Gaminala dita	FI	85 Zip (Code
11. Pursuant	to the provisions of Sections 607.0502 a	and 607.1508, Florida Statute	es, the above-name	CORDOR	ation submits this statement for the r	ourpose of	changing it	S registered
office or r	to the provisions of Sections our trace a registered agent, or both, in the State of im familiar with, and accepting obligation	Horida, Such change was a	uthorized by the cor	rporation	's board of directors. I hereby accer	of the appo	ointment as	registered
	Ju Y	1) as ~ ~	nua statutes.			51	2 198	· •
SIGNATURE	Signature, typest or per but harve re-region rest agent a	institute Pape Irrabile (NOTE	Registered Agent signatur	re required v	when reinstating)	DATE		
12.	OFFICERS AND D	. —	13.		ADDITIONS/CHANGES TO OFFIC	ERS AND	DIRECTOR	IS IN 12
TITLE		☐ DELETE	1.1 TITLE	P			Change	Addition
NAME			1.2 NAME	Pay	yid Shik Wai Chan) W State Road 434			Į.
STREET ADDRESS			1.3 STREET ADDRESS				00000	
CITY-\$T-ZIP			1.4 CITY-ST-ZIP	Lon	gwood Seminole City			;
TITLE		☐ DELETE	2.1 TITLE			ļ	Change	Addition (
NAME			2.2 NAME					
STREET ADDRESS			2 3 STREET ADDRESS					
CITY-ST-ZIP TITLE		DELETE	2 4 CITY-ST-ZIP					
			3.1 TITLE				Change	☐ Addition
NAME OVERT ADDRESS			3.2 NAME					
STREET ADDRESS			3.3 STREET ADDRESS					
CITY-ST-ZIP TITLE		DELETE	3.4. CITY - ST - ZIP	 				12222
NAME		TT nereie	4.1 TITLE			l	Change	☐ Addition
STREET ADDRESS			4. 2 NAME					
CITY-ST-ZIP			4.3 STREET ADDRESS					
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NAME		otter	5.2 NAME			,	TI DUGHAR	AUGILIUII
STREET ADDRESS			5.3 STREET ADDRESS					İ
CITY-ST-ZIP			5.4 CITY - ST- ZIP		•			
TITLE		DELETE	6.1 TITLE	 			Change	Addition
NAME		west	6.2 NAME		* \;	L		LI NOSIION
STREET ADDRESS			6.3 STREET ADDRESS					
CITY-ST-ZIP			6.4 CITY-ST-ZIP					
J W. E.!!			0.5 OH 1 21 ZIF	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 arrural 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 13 if changed, or on an attachment with an address.