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

COR ANNU	PROFIT RPORATION JAL REPORT 1998		\$	andra (B Secreta	RTMENT OF I. Morthar ry of State CORPORAT	n				
i .	MENT #	P970000	5 7 360	(4)						
K&KI	POST, INC.) 	neggy a stá a neggy	1 2162)((1 6.	### ## ###############################
Principal Place	e of Business		Mailing Address			·				
17722 SW 841	TH AVENUE		17722 SW 84TH	AVENUE						
MIAMI FL 331	3/		MIAMI FL 33157				DO NOT WRI		PACE	
							07/01/1997	' 		
2. Principal Pi	lace of Business	20	Mailing Addr	ess			4. FEI Number 65 - 07653	72_		pplied For lot Applicable
Suite Apt	#, etc.		Suite, Apt. #,	etc.			5. Certificate of Status Desired	[]	\$8.75	Additional
City & State	- 	2	City & State		 -		6. Election Campaign Financing			Required May Be
23		28	3		<u> </u>		Trust Fund Contribution	X	Added	to Fees
Zip 24	25	ountry 28	Zip [Countr	у	This corporation owes or has personal Property Tax due Jur	-		ntangible No
1/01		ddress of Current Rec	istered Agent		81	Name	10. Name and Address of New F	legistered /	gent	
	ISCH, PAUL A 12 2 S W 84TH AV	ENUE			82		ress (P.O. Box Number is Not Accept	able)		
	MI FL 33157				83	<u> </u>	Tess (170. Dox 140/106) is 140/1000pt			
					L	<u> </u>			· 	
					84	1 .		FL		Code
11. Pursuant t	to the provisions of egistered agent, or m temiliar with and	Sections 607.0502 and both, in the State of Flo Laccept the obligations	607.1508, Florid orida, Such chan	da Statute ige was a	es, the above authorized to	re-named corp y the corpora	poration submits this statement for the tion's board of directors. I hereby acc	purpose of ept the app	changing sintment as	its registered s registered
SIGNATURE				0303, FIC	mua statute	: 5 .				
12.	Signature, typed or printed	OFFICERS AND DIR		(NO1)	E: Registered Aç	erit signature requi	red when reinstating) ADDITIONS/CHANGES TO OFF	DATE ICERS AND	DIRECTO	RS IN 12
TITLE	KIRS		☐ D.C	LETE	1.1 TITLE				Change	Addition
NAME Street address	CH, PAUL A 17722 SW 841	TH AVENUE			1.2 NAME	1 ADDRESS				
CITY-ST-ZIP	MIAMI FL 331				1.4 CITY-					
TITLE			☐ DE	LETE	21 TITLE				Change	Addition
NAME STREET ADDRESS					2.2 NAME 2.3 STREE	T ADDRESS				
CITY-ST-ZIP					2. 4 CITY	\ \				
TITLE			[_] DL	LETE	3.1 TITLE				Change	Addition
NAME STREET ADDRESS					3.2 NAME 3.3 STREE	T ADDRESS				
CITY-ST-ZIP					3.4. CITY-	ST-ZIP				
TITLE NAME			[_] DE	LETE	4.1 YITLE 4.2 NAME				Change	Addition
STREET ADDRESS					i i	T ADDRESS				
CITY-ST-ZIP					4.4 CłTY-			······································		
TITLE			[] DE	LETE	5.1 TITLE	1			Change	Addition
NAME STREET ADDRESS					5.2 NAME 5.3 STREE	T ADDRESS				
CITY-ST-ZIP					5.5 STREE	i				
TITLE			☐ DE	LETE	6.1 TITLE				Change	Addition
NAME CTOCKY ADDOLES					6.2 NAME	T ADDRESS				
STREET ADDRESS CITY-ST-ZIP					6.4 CITY-	T ADDRESS ST-ZIP				
1. I hereby c	ertify that the inform	nation supplied with this	s filing does not	qualify fo	r the evemi	tion stated in	Section 119.07(3)(i), Florida Statutes	I further cer	tify that the	e information
officer or of Block 12 of	director of the corpor Block 13 if chart	oration or the receiver of sed, or by an attackmen	or truster english of with an audres	vered to e	execute this	report as req	ire shall have the same legal effect as uired by Chapter 607, Florida Statutes	and that m	y name ar	pears in
SIGNAT	(K H	14				1/27/9X			