

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

FILED  
May 21 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000067529 (2)

1. Corporation Name  
KWI-INDUSCO, INC.

Principal Place of Business

429 TALLEYRAND AVE  
JACKSONVILLE FL 32202

Mailing Address

429 TALLEYRAND AVE  
JACKSONVILLE FL 32202

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/04/1997

4. FEI Number

59-3459980

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business  
21 930 N.W. 27TH AVENUE

Suite, Apt. #, etc.

22 City & State  
23 OCALA, FL

Zip Country

24 34475

2a. Mailing Address  
26 P.O. BOX 4758

Suite, Apt. #, etc.

27 City & State  
28 JACKSONVILLE, FL

Zip Country

29 32201-4758 30

9. Name and Address of Current Registered Agent

PATRICH, JOHN  
429 TALLEYRAND AVE  
JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and filer (applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D  
NAME SINGER, PAUL N  
STREET ADDRESS 1200 W HAMBURG ST  
CITY-ST-ZIP BALTIMORE MD 21230 ☐ DELETE

TITLE D  
NAME PATRICH, JOHN  
STREET ADDRESS 429 TALLEYRAND AVE  
CITY-ST-ZIP JACKSONVILLE FL 32202 ☐ DELETE

TITLE D  
NAME ROSENBLATT, HOWARD  
STREET ADDRESS 201 W PADONIA RD, SUITE 301  
CITY-ST-ZIP TIMONIUM MD 21093 ☐ DELETE

TITLE D  
NAME SCHLOSS, HOWARD  
STREET ADDRESS 1200 W HAMBURG ST  
CITY-ST-ZIP BALTIMORE MD 21230 ☐ DELETE

TITLE D  
NAME OUFRENE, OTIS  
STREET ADDRESS 1200 W HAMBURG ST  
CITY-ST-ZIP BALTIMORE MD 21230 ☐ DELETE

TITLE D  
NAME SCHLOSS, HENRY  
STREET ADDRESS 1200 W HAMBURG ST  
CITY-ST-ZIP BALTIMORE MD 21230 ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition  
1.2 NAME VICE PRESIDENT  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME PRESIDENT  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition  
4.2 NAME TREASURER  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☒ Change ☐ Addition  
5.2 NAME SECRETARY  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 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 in changed or on an attachment with an address.

CR2E034 (10/97)