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PROFIT CORPORATION ANNUAL REPORT 1999	FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000067529 (2)

1. Corporation Name

KWI-INDUSCO, INC.

Principal Place of Business

930 N.W. 27TH AVENUE
OCALA, FL
34475

Mailing Address

P.O. BOX 4758
JACKSONVILLE, FL
32201-4758

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/04/1997

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

4. FEI Number

59-3459980

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$6.75 Additional Fee Required

6. Election Campaign Financing

Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal

Property Tax. ☐ Yes ☐ No

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

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

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

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

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

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

2.1 TITLE PRESIDENT ☐ Change ☐ Addition
2.2 NAME
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 TREASURER ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE SECRETARY ☐ Change ☐ Addition
5.2 NAME
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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #