

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90103 020 ***150.00

DOCUMENT # P97000069176

1. Corporation Name
KAMICO CORPORATION, INC.

Principal Place of Business

107 HALF MOON CIRCLE APT C-3
HYPOLUXO FL 33462

Mailing Address

107 HALF MOON CIRCLE APT C-3
HYPOLUXO FL 33462

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/08/1997

4. FEI Number

65-0779781

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 the current year Intangible
Personal Property Tax.

☐

Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 7281 N.E. 8 DRIVE

26 7281 N.E. 8 DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 BOCA RATON, FL

28 BOCA RATON, FL

Zip

Country

Zip

Country

24 33487-2420 25 BROWARD

29 33487-2420 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TURTURRO, KAMI
107 HALF MOON CIRCLE APT C-3
HYPOLUXO FL 33462

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

April 13, 1999

12. OFFICERS AND DIRECTORS

TITLE PS
NAME TURTURRO, KAMI
STREET ADDRESS 107 HALF MOON CIRCLE APT C-3
CITY-ST-ZIP HYPOLUXO FL 33462

TITLE VT
NAME BOZZI, ANTHONY
STREET ADDRESS 107 HALF MOON CIRCLE, APT. C-3
CITY-ST-ZIP HYPOLUXO FL 33462

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PS
1.2 NAME TURTURRO, KAMI
1.3 STREET ADDRESS 7281 N.E. 8 DRIVE
1.4 CITY-ST-ZIP BOCA RATON, FL 33487-2420

2.1 TITLE VT
2.2 NAME BOZZI, ANTHONY
2.3 STREET ADDRESS 7281 N.E. 8 DRIVE
2.4 CITY-ST-ZIP BOCA RATON, FL 33487-2420

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

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)