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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name P97000071974 (4)

KMP AMALGAMATED, INC.

Block 12 or Block 13 if changed, or o

Principal Place of Business

3106 WEST HORATIO STREET

UNIT 24

Mailing Address

3105 WEST HORATIO STREET LINIT 24

FILED Jan 27 1998 8:00am Secretary of State



TAMPA FL 33609 DO NOT WRITE IN THIS SPACE **TAMPA FL 33609** 3. Date Incorporated or Qualified 08/20/1997 2. Principal Place of Business 2a. Mailing Address Applied For and the 509 Wilber S. 509 Wilbut St. 59-3468490 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be Brandon 28 Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible Zip Country Country United States 30 United States 24 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name AMERILAWYER CHARTERED 343 ALMERIA AVENUE 82 Street Address (P.O. Box Number is Not Acceptable) CORAL GABLES FL 33134 83 84 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, typied or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE PTD 1111116 Change Addition NAME KNEER, CHRISTOPHER J 1.2 NAME 3105 W HORATIO ST, UNIT 24 STREET ADDRESS 1.3 STREET ADDRESS <u>TAMPA FL 33**60**9</u> CITY-ST-ZIP 1.4 CITY - ST - ZIP TITLE VSD DELETE Change 2.1 TITLE Addition NAME PIZARRO, JOSE J II 2.2 NAME Pizarro, Nose) II STREET ADDRESS 3105 W HORATIO ST. UNIT 24 2.3 STREET ADDRESS 633 Backfield St. CITY-ST-ZIP **TAMPA FL 33609** 2 4 CITY-ST-ZIP Brandon, FL TITLE DELETE 3 1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP DELETE TITLE 4.1 TITLE Change Addition NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4 4 CITY - ST - ZIP TITLE DELETE 5.1 THLE Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY+ST-ZIP 5.4 CITY - ST- ZIP DELETE TITLE 6 1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 63 STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP 14. Thereby certify that the information supplied with this filing does no 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 supplied annual report is type 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 of the required or trustout or troustout or trou

1/10/40