Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90224 006 \*\*\*150.00

## 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

## DOCUMENT # P9700093443

1. Corporation Name

KHAM & KHAM INVESTMENTS, INC.

Principal Place of Business Mailing Address							I (1001/201 1/9 )Gill (2011) agill agill agill agill agill	18 18 19 C C C C C C C C C C C C C C C C C C	#1000 HH 1#81
7720 SW 177 ST.		7720 SW	7720 SW 177 ST.						
MIAMI FL 33157		MIAM! FL	MIAMI FL 33157				DO NOT WRITE IN THIS SPACE		
							3. Date incorporated or Qualifed		
							10/30/1997		ļ
2. Principal Place of Business 2a. Mailing /			ng Address				4. FEI Number	Ar	pplied For
21		26	26				65-0792987	No	ot Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.					\$8.75	Additional
22		27	27				5. Certificate of Status Desired	Fee Re	equired
City & State		City	City & State			_	6. Election Campaign Financing		May Be
23		28					Trust Fund Contribution Added to Fees		
Zip	Country	Zip		<del></del> λ	intry		8. This corporation owes the current year I		
24	25	[29]		30			Personal Property Tax.	Yes	□No
	9. Name and Address of Curre	ent Registered	Agent	·	81	Name	10. Name and Address of New Registere	a Agent	
SIM	PSON, HERBERT B				"	Name			
7720 SW 177 ST.					82	Street Addr	ddress (P.O. Box Number is Not Acceptable)		
	MI FL 33157				83		· · · · · · · · · · · · · · · · · · ·		
IIII/A	mi 1 E 00 107				03				
					84	City		85 Zip	Code
44 5	4-41		NO Elasida Ctatul			named som	oration submits this statement for the purpose	of changing its	registered
office or a	registered agent, or both, in the Stat	e of Florida. Suc	ch change was a	uthorized	i by '	the corporation	on's board of directors. I hereby accept the app	ointment as re	gistered
agent. I a	m familiar with, and accept the obliq	gations of, Section	on 607.0505, Flo	rida Stat	utes.				
SIGNATURE	Signature, typed or printed name of registered a	neat and title if spalics	hie (NOTE	Registered	Anen	t signature require	d when reinstating) DATE		i
12.		ND DIRECTOR	•	13.			ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	DRS IN 12
TITLE	D		☐ DELETE	1.1 Π	TLE			Change	Addition
NAME	SIMPSON, HERBERT B			1.2 N	ME				J
STREET ADDRESS	7720 SW 177 ST.			1.3 S1	REET	ADDRESS			
CITY-ST-ZIP	MIAMI FL 33157			1,4 CI	TY-ST	r-ZIP			
TITLE			☐ DELETE	2.1 Tī	πE			Change	☐ Addition
NAME	1			2.2 N	AME		•		
STREET ADDRESS				2.3 S1	REET	ADDRESS			
CITY-ST-ZIP	}			2.40	ITY-S	T-ZIP			
TITLE			□ DELETE	3.1 TI	TLE			Change	Addition
NAME	· · · · · · · · · · · · · · · · · · ·	-	فات سے	- 3,2 N	AME		and the second s		
STREET ADDRESS	.]			3.3 \$1	REET	ADDRESS			1
CITY-ST-ZIP				3.4. C	ITY-S	T-ZIP			,
TITLE			☐ DELETE	4,1 TI	πE			Change	☐ Addition
NAME				4. 2 N	AME				
STREET ADDRESS				4351		ADDRESS			1
CITY-ST-ZIP				7.55	REET	70011000			- 1
TITLE					TY-ST				
NAME			☐ DELETE		TY-ST			Change	Addition
			☐ DELETE	4.4 CI	ΤΥ- <u>\$</u> Τ Τιε			Change	Addition
STREET ADDRESS			☐ DELETE	4.4 CI 5.1 TI 5.2 No	TY-ST TLE AME			Change	Addition
STREET ADDRESS CITY-ST-ZIP				4.4 CI 5.1 TI 5.2 N 5.3 S	TY-ST TLE AME	-ZIP  ADDRESS			
			☐ DELETE	4.4 CI 5.1 TI 5.2 N 5.3 S	TY-ST TLE AME TREET TY-ST	-ZIP  ADDRESS		☐ Change	Addition Addition
CITY-ST-ZIP				4.4 CI 5.1 TI 5.2 Ni 5.3 ST 5.4 CI	TY-ST TLE AME TREET TY-ST	-ZIP  ADDRESS			

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 of 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 formal affactiment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR