SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

OCUMENT #	P97000093512
•	-

KIOSK COMMUNICATIONS, INC.

Principal Place of Business

Mailing Address

4101 LINDY CIRCLE, SUITE 8 ORLANDO FL 32824

4101 LINDY CIRCLE. SUITE 8 ORLANDO FL 32824

FILED Aug 27, 1999 8:00 am Secretary of State

08-27-1999 90001 042 ***550.00

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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/30/1997

2. Principal Pl	ace of Business	2a. Mailing Address		- 1	4. FEI Number	L	Applied For		
21 <i>1/2/7</i>	ENTREPRISE CAUET	26 1/20 Eur	TEDR	isela	<i>→</i> 59-3476394		Not Applicat	ole	
Suite, Apt.		Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Add Fee Requi				
City & State				=/_	6. Election Campaign Financing Trust Fund Contribution				
Zip 22/1	Country	29 <i>371/7</i> 30	Country		This corporation owes the current year Intangible Personal Property.	Yes	M No		
24 22//	9. Name and Address of Current I		<u> </u>		10. Name and Address of New Registered			\neg	
	9. Name and Address of Current	registered Agent	81	Name	iv. Ivalia alla piano				
KERSENBROCK, PAUL H 4101 LINDY CIRCLE, SUITE 8 ORLANDO FL 32824			82						
			83						
-									
			84	City	FL		Zip Code		
office or i agent. I a	to the provisions of sections 607.0502 a registered agent, or both, in the State of am familiar with, and accept the obligation	Lionda, Such change was aut	nonzea nv	the corboratio	ration submits this statement for the purpose of chon's board of directors. I hereby accept the appoint	ianging ntment	its registered as registered		
SIGNATURE .	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE	: Registered A	gent signature requ	uired when reinstating) DATE				
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AN	ID DIRE	ECTORS IN 12	<u></u>	
TITLE	D	DELETE	1.1 TITLE			Cha	ange 🔲 Additi	ion	
NAME	KERSENBROCK, PAUL H		1.2 NAME					ĺ	
STREET ADDRESS	4101 LINDY CIRCLE, SUITE 8		1.3 STREET	ADDRESS					
CITY-ST-ZIP	ORLANDO FL 32824	••	1.4 CITY-\$T-	ZIP				直	
TITLE	JD .	P DELETE	2.1 TITLE			Chr	ange Additi	ion	
NAME	OSORIO, AGUSTO	E 002012	2.2 NAME				-	- 1	
STREET ADDRESS	4101 LINDY CIRCLE		2.3 STREET	ADDRESS			,	.	
	ORLANDO FL 32827	1	4						
CITY-ST-ZIP	JD	DELETE	2.4 CITY-ST-ZIP			Ch	ange Additi	rion	
NAME	PABLO, BRYAN	LEJ DELETE	3.2 NAME				go		
'				*D00000				- 1	
STREET ADDRESS	4101 LINDY CIRCLE ORLANDO FL 32827		33 STREET	J					
CITY-ST-ZIP			3.4 CITY-ST	-2112		Псь			
TITLE	JD	☐ DELETE					ange L Addit	JŲR	
NAME	GORDON, ROBERT		4.2 NAME						
STREET ADDRESS	4101 LINDY CIRCLE		4.3 STREET						
CITY-ST-ZIP	ORLANDO FL 32827		4.4 CITY-ST	-ZiP					
TITLE		DELETE	5.1 TITLE			L Chi	ange L Addit	ion	
NAME			5.2 NAME					- {	
STREET ADDRESS			5.3 STREET	ADDRESS				l	
CITY-ST-ZIP			5.4 CITY-ST	-ZIP					
TITLE	_	☐ DELETE	6.1 TITLE			L Ch	ange 🔲 Addit	tion	
NAME			6.2 NAME					ļ	
STREET ADDRESS			6.3 STREET	ADDRESS				Ì	
CITY-ST-ZIP			6.4 CITY-ST	-ZIP	<u></u>				
	ertify that the information supplied with the	nis filing does not qualify for the			tion 119.07(3)(i), Florida Statutes, I further certify	that the	information		

. I nereby 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 by 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 attackine that an address.

SIGNATURE:

ney 29 9

974-238-3-21/