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 # **P97000096788** 1. Corporation Name

KIOSKS INTERNATIONAL, INC.

	1001.0	THE PROPERTY OF THE PARTY OF TH			•		-					
Principal Place of Business			Mailing Address				-		erit es iti e e	lan indian nadia		
	1428 E SEMOR	AN BLVD	1428 E SEMORAN BLVD							·		
WEKIVA BUS CTR #102 WEKIVA BUS CTR #102												
APOPKA FL 32703 APOPKA FL 32703 US US							DO NOT WRITE IN THIS SPACE					
US US								Date Incorporated or Qualifed				
	2. Principal Pl	lace of Business	2a. Mailing Address			***		11/12/1997				
	21	ade of Eddiness	26				1	FEI Number			Applie	
	Suite, Apt.	#. etc.	Suite, Apt. #, etc.				;	<u>59-3488768</u>				pplicable
	22 City & State		27				5. (Certifcate of Status Desired	%		5 Add Requi	
	23	9	City & State					Election Campaign Financing			0 0 Ma	
	Zip	Country	Zip	Cour	ntr.			Frust Fund Contribution			ed to F	ees
	24	25	⊢ `	30	шу			This corporation owes the cur	ent year I		_	
	241	9. Name and Address of Curre		30				Personal Property Tax. Name and Address of New I	2 a a latara	Yes		No .
				1	81	Name	10.	Taille and Address of New I	(egistere	u Agent		
	IRISH	I, MARILYN E		L								
	1711	FAIRHAVEN COURT		ļ	82	Street Addre	ess (P.0	D. Box Number is Not Accept	able)			
	APOI	PKA FL 32712		-	83					·. · · · · ·		
								t 10 -				. 13
					84	City			, F	85 2	ip Cod	В
	11. Pursuant t	to the provisions of Sections 607.05	02 and 607.1508, Florida Statute	s, the ab	ove-	named como	oration :	submits this statement for the		. f . l	ite regi	ictored
		egistered agent, or both, in the State in familiar with, and accept the obligi				e corporatio	n's boa	rd of directors. I hereby accept	t the appo	ointment as	registe	ered
		Transact with, and accept the congr	audits of, Section 007.0305, Flor	ioa Siaiui	les.							
	SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable. (NOTE:	Registered A	gent s	ignature required	d when rein	stating)	DATE			
ľ	12.	OFFICERS A	ND DIRECTORS	13.				DITIONS/CHANGES TO OF		ND DIREC	TORS	IN 12
	TITLE	P	☐ DELETE		1.1 TITLE					☐ Chan		Addition
	NAME	IRISH, MARILYN E		1.2 NAM	Œ							
l	STREET ADDRESS	1711 FAIRHAVEN COURT		1.3 STR	EETA	DORESS						
l	CITY-ST-ZIP	APOPKA FL 32712		1.4 CITY	/-ST-2	IP .						
	TITLE		☐ DELETE	2.1 TITL	E					☐ Chán	ge [Addition
	NAME			2.2 NAW	ΙE							
	STREET ADDRESS			2.3 STR	EETA	OORESS		•				
	CITY-ST-ZIP			2. 4 CIT	Y-ST-	ZIP						
	TITLE		☐ DELETE	3.1 TITL	E					☐ Chang	je[Addition
	NAME			3.2 NAM	Ε			•				
	STREET ADDRESS		÷	3.3 STR	EET AL	DRESS					, .	
	CITY-ST-ZIP			3.4. CITY	/-ST-	IP P						
	TITLE		☐ DELETE	4.1 TITLI	Ε					Chang	jè [Addition
	NAME			4. 2 NAM	Œ							
	STREET ADDRESS			4.3 STRE	ET A	DRESS						
	CITY-ST-ZIP			4.4 CITY	-ST-Z	Р			_			
	TITLE		☐ DELETE	5.1 TITLE		İ				☐ Chang	e [Addition
	NAME .			5.2 NAM								
	STREET ADDRESS			5.3 STRE		1						
	CITY-ST-ZIP			5.4 CITY	-ST-Z	Р						
	TITLE			0 / 717 -								
			☐ DELETE	6.1 TITLE						☐ Chang	e [] Addition
	NAME STOLET ADDRESS		☐ ØELETE	6.1 TITLE 6.2 NAMI						Chang	e [] Addition

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 ordan attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

FILED

Feb 16, 1999 8:00am

Secretary of State

02-16-1999 90036 004 ***158.75