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

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P97000106191 (4)

DOCUMENT # KAYSER INCORPORATED

Principal Place of Business

Mailing Address

## **FILED** May 11 1998 8:00am Secretary of State



22575 CARAVELLE CIRCLE BOCA RATON FL 33433		22575 CARAVELLE CIRCLI	E		
		BOCA RATON FL 33433		DO NOT WRITE IN THE	S SPACE
				3. Date Incorporated or Qualified	
				12/17/1997	
2. Principal Place of Business 2a. Mailing		2a. Mailing Address	^	4. FEI Number	Applied For
21		26 Q1 22 G1	HOCS KD	62-0808301	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27 Suite 20	<u> </u>	5. Certificate of Status Desired	Fee Required
City & State	)	City & State	1 . 40	6. Election Campaign Financing	\$5.00 May Be
23	- <del></del>	28 BOCA K	indon, H	Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Ountry Bd	8. This corporation owes or has paid the c	
24	[25]		30 KAIN Dow	Personal Property Tax due June 30.	Yes 🔀 No
	9. Name and Address of Current	Registered Agent	-	10. Name and Address of New Registere	d Agent
	Wards, Donnevan		81 Name		
5521 7 COACH HOUSE CIRCLE			82 Street Addre	ess (P.O. Box Number is Not Acceptable)	
BOCA RATON FL 33486				,	
			83		
			84 City		85 Zip Code
			on,	F	L   S   Esp code
11. Pursuant t	o the provisions of Sections 607.0502	and 607.1508, Florida Statute	s, the above-named corpo	oration submits this statement for the purpose	of changing its registered
office or re	egi <b>ste</b> red agent, or both, in the State on <b>fam</b> iliar with, and accept the obliga	of Florida. Such change was at tions of, Section 607.0505. Flor	uthorized by the corporation	on's board of directors. I hereby accept the a	ppointment as registered
SIGNATURE					
SIGNATURE .	Signature, typed or printed name of registered agen	it and little if applicable (NOTE	Registered Agent signature require	d when reinstating) DATE	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE	Ď	DELETE	1.1 TOTLE		☐ Change ☐ Addition
NAME	Baumann, eileen		1.2 NAME		
STREET ADDRESS	22575 CARAVELLE CIR.		1.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL 33433		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		Change Addition
NAME	KAYSER, CLAUDE		2.2 NAME		
STREET ADDRESS	5521 7 COACH HOUSE CIR.		2.3 STREET ADDRESS		
CITY+ST+ZIP	BOCA RATON FL 33486		2. 4 CITY - ST - ZIP		
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		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAMÉ		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - S1 - ZIP		
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME	•	
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP	en e	
14. I hereby c	ertify that the information supplied wit	h this filing does not qualify for	the exemption stated in S	Section 119.07(3)(i), Florida Statutes. I further	certify that the information
indicated of officer or o	<b>on this annual report or supplemental</b> <b>director of the corporation or the recei</b>	annual report is true and accu- iver or trustee empowered to e	rate and that my signature xecute this report as requi	e shall have the same legal effect as if made i ired by Chapter 607, Florida Statutes; and tha	under oath; that I am an III It my name appears in
Block 12 c	or Block 13 if changed or pa an atlac	hment with an address.		1	The rooms appoars in
	ווע	<i>(</i> , )		•	\