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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000010005

1. Corporation Name

KAKADAR, INC.

FILED May 10, 1999 8:00 am Secretary of State 05-10-1999 90233 012 ***150.00



| | | | - | | |
|---|--|--|---|-----------------------------------|--|
| Principal Place of Business Mailing Address | | | | | |
| 11560 WILES ROAD CORAL SPRINGS FL 33076 | 11560 WILES ROAD CORAL SPRINGS FL 33076 | | DO NOT WRITE IN THI | S SPACE | |
| | | | 3. Date incorporated or Qualifed 02/02/1998 | | |
| 2. Principal Place of Business | 2a. Mailing Address | | 4. FEI Number | Applied For | |
| 21 | 26 | | 65-0811663 | Not Applicable | |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | | 5. Certifcate of Status Desired | \$8.75 Additional Fee Required | |
| City & State | City & State | | 6. Election Campaign Financing | \$5.00 May Be | |
| 23 | 28 | | Trust Fund Contribution | Added to Fees | |
| Zip Country | | untry | This corporation owes the current year I Personal Property Tax. | ntangible ☐ Yes [No | |
| 24 25 29 30 9. Name and Address of Current Registered Agent | | 10. Name and Address of New Registered Agent | | | |
| 9. Name and Address of Current Registered Agent | | 81 Name | 10, | | |
| SZABO, LASZLO | | | | | |
| 11560 WILES ROAD | | 82 Street Addre | 2 Street Address (P.O. Box Number is Not Acceptable) | | |
| CORAL SPRINGS FL 33076 | | 83 | | | |
| | | 84 City | F | L 85 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 typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE | | | | | |
| Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE ADDITION OF TO DESIGNED AND DIRECTORS IN 12 | | | | | |

OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AN 12. 13. DELETE ☐ Change ☐ Addition **DPTS** 1.1 TITLE TITLE SZABO, LASZLO 1.2 NAME NAME 11560 WILES ROAD 1.3 STREET ADDRESS STREET ADDRESS **CORAL SPRINGS FL 33076** 1.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ DELETE 2.1 TITLE TITLE 22 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition DELETE TITLE 3.1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP Addition ☐ DELETE Change 4.1 TITLE TITLE 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ DELETE 6.1 TITLE ☐ Change TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP

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 on an attachment with an address, with all the rike empowered.

SIGNATURE: