## FIJ.E NOW: FILING FEE AFTER MAY 1ST 13 \$550.00

**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P98000033188 1. Corporation Name

KMC INVESTMENT GROUP INC.

## FILED Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90004 050 \*\*\*150.00



Principal Place of Business Mailing Address								
8121 SE WATERWAY DR. HOBE SOUND FL 33455		8121 SE WATERWAY DR. HOBE SOUND FL 33455			DO NOT WRITE IN TH	IS SPACE		
					3. Date Incorporated or Qualifed			7
					04/10/1998			
2. Principal Place of Business		2a. Mailing Address			4. FEI Number Applied For			1
21		26		65-0620269		Not Applicable	1	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		\$8.75 44		5 Additional	7	
22		27		5. Certificate of Status Desired Fee Required			_	
City & State		City & State	<del></del>		6. Election Campaign Financing \$5.00 May Be			7
23		28		Trust Fund Contribution Added to Fees			_	
Zip	Country Zip		Country		8. This c reporation owes the current year Intangible			
24	25 29		30		Personal Property Tax.	<b>¥</b> Zi Yes	<u>_</u> No	_
	9. Name and Address of Curren	: Registered Agent			10. Name and Address of New Register	d Agent		4
				81 Name				
	CUSO, RONALD R			82 Street Aid	ress (P.O. Bo ( Number is Not Acceptable)			1
8121 SE WATERWAY DR.								_
HOB	E SOUND FL 33455			83				
				84 City		. 85 Z	ip Code	+
				City	F	'L   "   _		
office or re	to the provisions of Sections 607.050 egistered agent, or buth, in the State in familiar with, and accept the obligations.	of Florida. Such change was a	authorized	d by the corporati	poration subm ts this statement for the purpose on's board of directors. I hereby accept the ap	of changing pointment as	its registered registered	
SIGNATURE	Signature, typed or printed name of registered agei	) and title if applicable (NO	F Ragisterer	Agent signature recuire	ad when reinstating) DATE			۔ ا
12.		ID DIRECTORS	13.	Trigular signature for the	ADDITIONS/CHANGES TO OFFICERS	AND DIREC	TORS IN 12	<u>ا</u> و
TITLE	D	DELETE	1.1 (	TLE		Chan		<u>1]                                    </u>
NAME	MANCUSO, RONALD R		12 N	AME				3
STREET ADDRESS	8121 SE WATERWAY DR.		•	TREET ADDRESS				}
	HOBE SOUND FL 33455		i	TY-ST-ZIP				5
TITLE	D	☐ DELETE	2.1 TI			Chang	ge Addition	٦ <sup>ر</sup>
	MANCUSO, JOSEPH J	_	2.2 N	i				
NAME	621 N. 9TH ST.	•		TREET ADDRESS				-
STREET ADDRESS								
CITY-ST-ZIP	TACOMA WA 98403		3.1 TI	TLE		Chan	ge Addition	า
TITLE		Coccere	3.2 N	J			-	}
NAME				TREET ADDRESS				
STREET ADDF ESS								
CITY-ST-ZIP		DELETE	4.1 TI	TLE		Chan	ge Addition	า
TITLE		C 255515	4.21			_	- <del>-</del>	
NAME								
STREET ADDF ESS				TREET ADDRESS				
CITY-ST-ZIP	<u> </u>	☐ DELETE		TY-ST-ZIP		Chan	ge Addition	<u>,  </u>
TITLE			5.1 TJ 5.2 N				J	
NAME				TREET ADDRESS				
STREET ADDFESS				1				
CITY-ST-ZIP		M DELETE	5.4 C	TTY-ST-ZIP		Chan	ge	_
TITLE		DELETE		1			.a. □ ∪00:00:	
NAME			6.2 N	1				
STREET ADDI IESS			- 1	TREET ADDRESS				1
CITY-ST-ZIP			6.4 C	ITY-ST-ZIP				┙

14. 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 he 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 negurined 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 other like empowered.

Round All Maries Signing Officer or Director

4/24/99