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PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Kathe ine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P98000038980**

1. Corporation Name
KSIR, INC.

Principal Place of Business	Mailing Address
1301 RIVERPLACE BLVD STE 2552 JACKSONVILLE FL 33207	1301 RIVERPLACE BLVD STE 2552 JACKSONVILLE FL 33207

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/28/1998

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 Country 25	Zip 29 Country 30

4. FEI Number: 59-3507136 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required.

6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

ALLEN, LAURA A
1301 RIVERPLACE BLVD STE 2552
JACKSONVILLE FL 33207

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ☐ DELETE	1.1 TITLE	President, Treasurer ☐ Change ☒ Addition
NAME	ALLEN, LAURA A	1.2 NAME	Allen, John J.
STREET ADDRESS	1301 RIVERPLACE BLVD STE 2552	1.3 STREET ADDRESS	1301 Riverplace Blvd #2552
CITY-ST-ZIP	JACKSONVILLE FL 33207	1.4 CITY-ST-ZIP	Jacksonville FL 32207
TITLE	D ☐ DELETE	2.1 TITLE	Vice President, Secretary ☐ Change ☒ Addition
NAME	ALLEN, JOHN J	2.2 NAME	Allen, Laura Henry
STREET ADDRESS	1301 RIVERPLACE BLVD STE 2552	2.3 STREET ADDRESS	1301 Riverplace Blvd #2552
CITY-ST-ZIP	JACKSONVILLE FL 33207	2.4 CITY-ST-ZIP	Jacksonville FL 32207
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 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-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	

CR2E034 (11/98)

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 other like empowered.

SIGNATURE: _____ 4/26/99 904/391-2008
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #