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

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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 # P98000045192

STREET ADDRESS

K&G TECHNOLOGIES CORPORATION

Principal Place of Business Mailing Address							
1065 N.E. 125TH STREET SUITE #211 1065 N.E. 125TH STREET SUI			TE #211				
NORTH MIAMI FL 33161 NORTH MIAMI FL 33161			16 #211				
					DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualifed 05/19/1998		
2 Principal D	lace of Business	2a. Mailing Address		_	4. FEI Number	Applied For	
— `	lace of business	<u> </u>			65-0835222	Not Applicable	
		Suite, Apt. #, etc.	etc			75 Additional	
22 27			, Apr. #, 610.		5 Cortificate of Statue Desired:	ee Required	
City & State		City & State				.00 May Be	
23 28		⊢ ′	o.,, a o			Ided to Fees	
Zip	Country	Zip	Country		This corporation owes the current year Intangible		
24	25	29 30	¬ ´		Personal Property Tax. X Yes		
44	9. Name and Address of Current	1771	<u>'I</u>		10. Name and Address of New Registered Agent		
	***************************************		81	Name			
WHITTAKER, LAURIE S .							
1065 N.E. 125TH STREET, SUITE 300			82	Street Add	dress (P.O. Box Number is Not Acceptable)		
NORTH MIAMI FL 33161			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							
office or re agent. I a	egistered agent, or both, in the State of m familiar with, and accept the obligatio	Florida, Such change was auth ons of, Section 607.0505, Florida	orized by to Statutes.	ne corporat	tion's board of directors. I hereby accept the appointment	as registered	
SIGNATURE							
·	Signature, typed or printed name of registered agent a	and tale if applicable. (NOTE: Re-	gistered Agent	signature requir	red when reinstating) DATE		
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRE		
TITLE	D .	☐ DÉLETE	1.1 TITLE		∑X Ch	ange	
NAME	WILLIAMS, KEVIN M		1.2 NAME				
STREET ADDRESS	1065 N.E. 125TH STREET #405		1.3 STREET	ADDRESS	Suite 211		
CITY-ST-ZIP	NORTH MIAMI FL 33161		1.4 CITY-ST-	-ZIP			
TITLE	PVST	☐ DELETE	2.1 TITLE		∑ Chi	ange 🔲 Addition	
NAME	WILLIAMS, KEVIN M		2.2 NAME		en la serie de la companya de la co		
STREET ADDRESS	1065 N.E. 125TH STREET #405	*	2.3 STREET	ADDRESS	Suite 211		
CITY-ST-ZIP .	NORTH MIAMI FL 33161		2.4 CITY-ST	- ZIP	•		
TITLE		☐ DELETE	3.1 TITLE		□ Ch	ange 🔲 Addition	
NAME			3.2 NAME		•	***************************************	
STREET ADDRESS			3.3 STREET	ADDRESS			
CITY-ST-ZIP			3.4. CITY-ST	- ZIP			
TITLE		☐ DELETE	4.1 TITLE		□ ch	ange	
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET	ADDRESS		}	
CITY-ST-ZIP			4.4 CITY-ST-		·	{	
TITLE		☐ DELETE	5.1 TITLE		; Ch	ange Addition	
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET	ADDRESS	,*		
CITY-ST-ZIP			5.4 CITY-ST-	ZIP		(
TITLE		☐ DELETE	6.1 TITLE		☐ Ch:	ange Addition	
			6.2 NAME				

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 other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP