**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P98000054654

1. Corporation Name

Mar 16, 1999 8:00 am Secretary of State 03-16-1999 90098 045 \*\*\*150.00

	KCURSIONS, INC.								
Principal Place	e of Business	Mailing Address							
20338 190TH TI		20338 180TH TRACE			}				
LIVE OAK FL 32060 LIVE OAK FL 32060						DO NOT WRITE I	N THIS SPACE		
					3. Date incorpo	rated or Qualifed			
1					06/16/199 4: FEI Number	88			
2. Principal Place of Business		2a. Mailing Address	2a. Mailing Address			2-1107		olied For	
21		26		<del></del>	39-	35/693		Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5, Certificate of	Status Desired	7 <b>\$8.75</b> A		
22		27				_ <del></del>		·	
City & State	6	City & State			6. Election Car Trust Fund C	npaign Financing	\$5.00 Added to		
23	Country	Zip	Cou	ntr <sub>v</sub>				J rees	
Zip	Country	<b>—</b>	30	iiu y	e, This corpora	tion owes the current ;		□No	
24	9. Name and Address of Curre		301			Address of New Regi			
	g. Harris and Addition of Con-			81 Name	7.5				
RENI	NAKER, WILLIAM			00 5		has la Blat Bassatable			
2033	8 180TH TRACE			82 Street A	Address (P.O. Box Num	Det is Milit Acceptable	,	ì	
LIVE	OAK FL 32060			83	·				
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				84 City			FL 85 Zip C		
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11, Pursuant	to the provisions of Sections 607.05	502 and 607.1508, Florida Statute	s, the al	pove-named o	corporation submits this	statement for the purp	pose of changing its i	registerec	
I എന്നുവേശ്വ	to the provisions of Sections 607.05 egistered agent, or both, in the State of familiar with and accept the oblid	e of Fiorida. Such chande was at	monzec	טע נוווא וצטו	corporation submits this ration's board of direct	statement for the purpose. I hereby accept the	pose of changing its in e appointment as reg	istered	
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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.