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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

DOCUMENT # P98000059352

KASHMAN FINANCING, INC.

Principal Place of Business			Mailing Address				1 (48)(49) (48 (6) (6)			
1329 N.W. 126TH WAY			1329 N.W. 126TH WAY					•		
SUNRISE FL 33323			SUNRISE FL 33323			DO NOT WRITE IN THIS SPACE				
			•				3. Date incorporated or Q			
							07/06/1998			-
2. Principal Pl	lace of Business	 [:	2a. Mailing Address			-	4. FEI Number		Apı	plied For
21	•	2	26				65-0848599		No	t Applicable
Suite, Apt.	#, etc.	_	Suite, Apt. #, etc.				5. Certifcate of Status Des	sired \square	\$8.75 A	
22		2	27	_			5. Certificate of Status Des	51160	Fee Re	quired
City & State	e		City & State	· · · · · ·			6. Election Campaign Fina	ancing []	\$5.00	
23		2	28				Trust Fund Contribution	<u> </u>	Added to	o Fees
Zip	Country	'	Zip r	Count	iry		8. This corporation owes t			
24	25			30			Personal Property Tax.		71	□No
	9. Name and Addres	ss of Current Re	gistered Agent		1 N	ame	10. Name and Address of	New Register	ea Agent	
KVCF	HI, STEVEN J			ľ	'' '`	ame				
	N.W. 126TH WAY			8	32 S	treet Addre	ss (P.O. Box Number is Not	Acceptable)		
	RISE FL 33323			-	33					
0014	MOL I L GGOZO			ľ	,3					****
				8	34 C	ity			85 Zip (Code
									- L	1
11 Pursuant i	to the provisions of Sect	ions 607.0502 and	d.607.1508. Florida Statute	s, the abo	ove-na	med corpo	ration submits this statement	for the purpose	of changing its	registered
office or re agent. I ar	egistered agent, or both.	in the State of Flo	lorida. Such change was at s of, Section 607.0505, Flor	ithorized b ida Statute	es.	corporation	oration submits this statement n's board of directors. I hereb	for the purpose y accept the ap	ppolitiment as re	registered gistered
office or re agent. I ar SIGNATURE	egistered agent, or both, m familiar with, and acce Signature, typed or printed name	in the State of Flo ept the obligations of registered agent and	lorida. Such change was at sof, Section 607.0505, Flor title if applicable. (NOTE:	ithorized b ida Statute Registered Aç	es.	corporation	when reinstating)	for the purpose by accept the ap	ppolitiment as reg	yisiered
office or reagent. I ar SIGNATURE	egistered agent, or both, in familiar with, and acce Signature, typed or printed name	in the State of Floor ppt the obligations	lorida. Such change was at sof, Section 607.0505, Flor title if applicable. (NOTE:	Registered Ac	oy the es. gent sign	corporation	n's board of directors. I hereb	for the purpose by accept the ap	AND DIRECTO	DRS IN 12
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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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: Steven Kashill

255-8039

FILED Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90108 022 ***150.00