

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Apr 06, 1999 8:00 am  
Secretary of State

04-06-1999 90032 001 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P98000064234

1. Corporation Name  
KKMG, INC.



Principal Place of Business  
190 ATLANTIS BOULEVARD  
ATLANTIS FL 33462

Mailing Address  
190 ATLANTIS BOULEVARD  
ATLANTIS FL 33462

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	4. FEI Number	Applied For
21 233 SUDBURY DR	26 233 SUDBURY DR	07/21/1998	65-0864920	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
22	27	<input type="checkbox"/>		
City & State	City & State	6. Election Campaign Financing	\$5.00 May Be Added to Fees	
23 ATLANTIS FL	28 ATLANTIS FL	Trust Fund Contribution	<input type="checkbox"/>	
Zip Country	Zip Country	8. This corporation owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
24 33462 25 USA	29 33462 30 USA			

9. Name and Address of Current Registered Agent

KINTZ, DAVID M  
190 ATLANTIS BOULEVARD  
ATLANTIS FL 33462

10. Name and Address of New Registered Agent

81 Name	DAVID KINTZ
82 Street Address (P.O. Box Number is Not Acceptable)	233 SUDBURY DR
83	
84 City	ATLANTIS
85 Zip Code	FL 33462

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

*David M Kintz* DAVID KINTZ PRESIDENT 3/28/99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KINTZ, DAVID M	1.2 NAME	
STREET ADDRESS	233 SUDBURY DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTIS FL 33462	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOORE, RICHARD A	2.2 NAME	
STREET ADDRESS	523 FORESTVIEW DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTIS FL 33462	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KINTZ, STEVEN C	3.2 NAME	
STREET ADDRESS	3501 MEDFORD COURT	3.3 STREET ADDRESS	
CITY-ST-ZIP	LANTANA FL 33462	3.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREEN, TED W	4.2 NAME	
STREET ADDRESS	607 WEST DREW STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	LANTANA FL 33462	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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.

SIGNATURE:

*David M Kintz* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/99

Date

561 965 7700

Daytime Phone #

CR20034-141/99A