ECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

OCUMENT #

P98000066905

KAYSER CORP., USA

rincipal Place of Business
) SE 12 STREET

IGNATURE:

Mailing Address

) se 12 street Mpano Beach Fl 33060

Principal Place of Business

590 SE 12 STREET

2a. Mailing Address

26

POMPANO BEACH FL 33060

FILED Jul 09, 1999 8:00 am Secretary of State

07-09-1999 90007 010 ***550.00



DO NOT WRITE IN THIS SPACE

Applied For Not Applicable

(954) 785-9600

1 July 1999

3. Date incorporated or Qualified

07/30/1998 4. FEI Number 65-0856036

Suite, Apt. #, etc.				Suite, Apt. #, etc.			•	5. Certificate of Status Desired \$8.75 Additional		
<u> </u>			27					Fee Required		
City & Stat	e · '		28	City & State				6. Élection Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees		
Zip		Country		Zip	Cou	intry		8. This corporation owes the current year		
		25	29		30			Intangible Personal Property. Yes No		
9. Name and Address of Current Registered Agent							10. Name and Address of New Registered Agent			
SHULMISTER, M. ROSS 590 SE 12 STREET POMPANO BEACH FL 33060						81 Name				
						82	Street Ac	eet Address (P.O. Box Number is Not Acceptable)		
						-	Olicetac	NOTES (1. C. DOX PRIMED TO TOUT GOOD LOSS)		
						83				
							0.1	leg 7 Octo		
						84 City FL 85 Zip Code				
. Pursuant	to the provi	sions of sections 607 050	2 añd 6	07.1508. Florida Statute	s. the ab	ove-	named con	poration submits this statement for the purpose of changing its registered		
office or	registered a	gent, or both, in the State	of Flori	ida. Such change was a	authorize	d by	the corpora	ation's board of directors. I hereby accept the appointment as registered		
	am tamıllar v	vith, and accept the obligation	ations o	ot, section 607.0505, Fi	orida Stat	utes	i.			
GNATURE	Signature typer	or original pame of registered ages	nt and title	if anglicable. (N	OTE: Registe	ned A	gent signature i	regulred when reinstating) DATE		
	Signature, typed or printed name of registered agent and title if applicable. (NOTE OFFICERS AND DIRECTORS							ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
LE	D					1.1 TITLE		P Change X Addition		
WE	-	KAYSER, DETLEF				1.2 NAME				
REET ADDRESS						1.3 STREET ADDRESS		,		
	055141404					1.4 CITY-ST-ZIP		No. T. Company of the		
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REETADDRESS	* *****	** ** .	•				I	•		
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-E				DELETE	6.1 TI	TLE		Change Addition		
Æ					6.2 NA	ME				
EET ADDRESS					6.3 ST	REET.	ADDRESS			
Y-ST-ZIP					6.4 CI	TY-ST	-ZiP			
								ection 119.07(3)(i), Florida Statutes. I further certify that the information		
an officer of	on this annua or director of	ai report or supplemental f the corporation or the re	annual ceiver o	report is true and accu or trustee epipowered to	rate and p execute	ınat : this	my signatu report as i	re shall have the same legal effect as if made under oath; that I am required by Chapter 607, Florida Statutes; and that my name appears		
in Block 12	2 or Block 13	if changed, or on an atte	ashmen	t/with an address/						