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

Mailing Address

1133 DANNY DRIVE

SARASOTA FL 34243

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

FILED

Jan 23, 1999 8:00am

Secretary of State

DO NOT WRITE IN THIS SPACE

01-23-1999 90023 027 ***150.00

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P98000073666**1. Corporation Name

Principal Place of Business 1133 DANNY DRIVE

KYPU, INC.

SARASOTA FL 34243

STREET ADDRESS

CITY-ST-ZIP

					Date Incorporated or Qualifed 08/21/1998			
o potente el Di	to a of Ducinosa	2a. Mailing Address			4. FEI Number	Apr	olied For	
z. Poncipal Pi	lace of Business				65-0861880		Applicable	4
21]		26				\$8.75 A		
Suite, Apt.:	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	Fee Re	1	
City & State	e	City & State			6. Election Campaign Financing	\$5.00	May Be	
13		28			Trust Fund Contribution	Added to	Fees	
Zip	Country	Zip	Country	/	8. This corporation owes the current year Intang			
24	25 29		30		Personal Property Tax. ☐ Yes ☐ No			
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registered Ag	jent		
			81	Name				
KATZ	zman, randy		82	Ct A	rece (P.O. Boy Number in Not Acceptable)			
1133	DANNY DRIVE		82	Street Addr	ress (P.O. Box Number is Not Acceptable)			
SAR	ASOTA FL 34243		83			* * * * * * * * * * * * * * * * * * * *		
·.			84	City		85 Zip C	ode	
4				1	FL			
office of n agent. I a	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligation	f Florida. Such change was autho	orized by	the corporation	oration submits this statement for the purpose of ch on's board of directors. I hereby accept the appoint	anging its nent as reg	registered gistered	
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE: Reg	istered Age	nt signature require	d when reinstating) DATE			_
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AND	DIRECTO	RS IN 12	ç
TITLE	PD	☐ DELETE	1.1 TITLE			Change	☐ Addition	3
NAME	KATZMAN, TERESA		1.2 NAME					-
	1.444 5.44407 550.00		_	T ADDRESS			1	Š
STREET ADDRESS	SARASOTA FL 34243							Š
CITY-ST-ZIP		□ DELETÉ	1.4 CITY-ST-ZIP			Change	Addition	Ĺ
TITLE	VPST	□ DECE15	2.1 TITLE		Ľ	onange		
NAME	KATZMAN, RANDY		2.2 NAME					
STREET ADDRESS	1133 DANNY DRIVE		2.3 STREE	TADDRESS				
CITY-ST-ZIP	SARASOTA FL 34243		2.4 CITY-	ST-ZIP	•			
TITLE	"D	☐ DELETE	3.1 TITLE		[Change	☐ Addition	
NAME.	KATZMAN, RANDY		3.2 NAME					
STREET ADDRESS	, 1133 DANNY DRIVE		3.3 STREE	T ADDRESS			e a raz l	
CITY-ST-ZIP	SARASOTA FL 34243		3.4. CITY-	ST-ZIP				
TITLE -		☐ DELETE	4.1 TITLE			Change	Addition	
NAME		l	4. 2 NAME					
		•		T ADDRESS				
STREET ADDRESS	•		4.4 CITY-5					
CITY-ST-ZIP		□ DELETE	5.1 TITLE) (- LIF		Change	Addition	
TITLE		ب مدداد	5.2 NAME				_ "	
NAME				TADDRESS				
STREET ADDRESS	P ₃		5.4 CITY-S					
CITY-ST-ZIP				51-ZIP		Change	Addition	
TITLE		☐ DELETE	6.1 TITLE		L	Change		
NAME .	· · · ·		6.2 NAME					
STREET ADDRESS	190		6.3 STREE	TADDRESS			!	

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.