PROFIT CORPORATION ANNUAL REPORT 1999

1. Corpora ion Name KMCO, INC.



DOCUMENT # P98000077562

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90014 040 ***150.00

| | - | 10111 00 | | |
|--|---|----------|------|--|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

|--|

| | | | | | | | | | - 111 | | | | | | | | | | |
|--------------------------------|---|-----------------------------|-------------------------|----------------------|----------|----------------|--|---|------------|--|---------|---------|---------|----------|--------------|---------|--------|----------|----------|
| Principal Place of Business | | | Mailing Address | | | | | | 111 | | . , | ,,,,, | | | | | | | |
| 340 ROYAL POIN | CIANA WAY | 340 | 340 ROYAL POINCIANA WAY | | | | | | | | | | | | | | | | |
| SUITE 305 | | | SUITE 305 | | | | DO NOT IMPLES OF THE SPACE | | | | | | | | | | | | |
| PALM BEACH FL | 33480 | PAL | PALM BEACH FL 33480 | | | | DO NOT WRITE IN THIS SPACE 3. Date In corporated or Qualified | | | | | | | | | | | | |
| | | | | | | | 3 | | | , | | / Qua | illea | | | | | | ļ |
| C. D | | | D. Mailing Address | | | | | 09/09/1998 4. FEI Number App ied For | | | | | | | | | | For | |
| 2. Principal Place of Business | | | 2a. Mailing Address | | | 7 | | 199 | | \overline{A} | TO | R | | | _ * | · | | cable | |
| 21 | | | Suite, Apt. #, etc. | | | | - | 311 | · (C , | <u> </u> | • | • | | | \$8 | 75 A | | | |
| Suite, Apt. #, etc. | | | - | | | 5 | 5. C | Certiford | e of St | tatus | Desire | ed | | | , | e Rec | | | |
| 22 1 | | | City & State | | | | | to ation. | Care | nian | Einan | nin a | | | | .00 | | | |
| City & State | | | | | | 6 | | lection rust Fu | | _ | | cing | | | | ded to | • | | |
| 23 Zip⊹ √ | Country | 1281 | Zip Country | | | | | | | | | CUTTO | ant ves | ar Intai | | 404 0 | | \vdash | |
| _ , · | | 100 | 2.6 | 30 | ý. 11115 | | | | | is corporation owes the current year Inta ersonal Property Tax. | | | | | | Yes | i | []No | |
| 24 | 9. Name and Address | of Current Regist | ered Agent | 1301 | | | | | lame 3 | <u> </u> | | | lew R | egiste | | | | | |
| | 3, Name and Add ess | or Carrent Regist | erea rigent | | 81 | Name | | | | | | | | | | | | | |
| HAMU | N, CURTIS D | | | | | | | | | | | | | | | | | | |
| 1205 MANATEE AVENUE WEST | | | 82 Stree | | | Street / | Address (P.O. Box Number is Not Acceptable) | | | | | | | | | | | | |
| BRADENTON FL 34205 | | | 8 | | | | | | | | | | | | | | | | |
| 017101 | | | | | | | | | | | | | | | | | | | |
| | | | | | 84 | City | | | | | | | | I | FL | 85 | Zip C | ode | |
| 11 Pursuant to | the provisions of Sections | s 607.0502 and 60 | 7.1508. Florida Statu | es, the at | ove | -named | co poratio | ion s | submit | this st | tatem | ent fo | r the | numas | se of c | :hangir | ng its | egiste | ered |
| office or roa | ithe provisions or Sections gistered agent, or both, in t familiar with, and accept t | the State n. Florid | a. Such change was a | urnonzed | nv i | the corno | oration's b | boa | rd of di | rectors | s. I he | ereby a | accep | t the a | ipp oint | iment a | as reg | ji stere | :d |
| agent. i am | ramiliar with, and accept | ine obligations of, | Section 607.0303, Fit | Itua Statu | 165. | | | | | | | | | | | | | | |
| SIGNATURE | ignature, typed or printed har ie of re | gistered agent and title if | applicable. (NOTE | ; Registered | Agen | t signature re | egu red when | n rein | istating) | | | | | DAT | E | | | | -] |
| 12. | <u> </u> | CERS AND DIRE | | 13. | | | | ΑĽ | DITIC | NS/CH | IANG | ES TO | O OF | FICER | SANE |) DIRE | CTO | | |
| TITLE | | | ☐ DELETE | 1.1 TIT | LE | | DP | | | | | | | | | Cha | ange | X | Addition |
| NAME | | | | 1.2 NA | ME | | KOHL, SIDNEY A | | | | | | | | | | _ | | |
| STREET ADDRESS | | | | 1.3 STREET ADDRESS 3 | | | 305 ROUAL POINCIANA WAY-SUITE 305 | | | | | | | | | | | | |
| CITY-ST-ZIP | | | | | | | PAL | | B'€ | ACH | ١. | FLC | PRIT | DA | 33 | 480 | (| | |
| TITLE | _ | | ☐ DELETE | 2.1 111 | LΕ | | 180 | | | | | | | | | ☐ Cha | ange | X | Addition |
| NAME | | | | 2.2 NA | ME | | TEND | Kil | NS. | JAI | NE | 5 (| ٠, | | | _ | | _ | _ |
| STREET ADDRESS | | | | 2.3 ST | REET | ADDRESS | 305 | R | lour | 1L 4 | 110 | Jei | HAK | s w | AY. | -Si | ATE | . 30 | >5 ∣ |
| CITY-ST-ZIP | | | | 2.4 CI | TY-S | T-ZIP | PALM | ۸. | BÈ | ACH | . 1 | A.C | Rit | ya ∶ | 331 | 480 | ı | | |
| TITLE | | | ☐ DELETE | 3.1 TIT | | | VPT | | | | 1 | | | | | Cha | | X | Addition |
| NAME | | | | 3 2 NA | ME | | LEVI | iN | 1. JA | ME | 25 | S. | | | | | | | 1 |
| STREET ADDRESS | | | | | | ADDRESS : | 205 | R | OUF | t_ F | 7)। | SCI | AN | A L | 1696 | 1 - E | ÌÚÍ | رَ سَا | 305 |
| | | | | 3.4. CI | | T. 7IP | PALA | vi` | DE. | ACH. | . 4 | FLO | og i | DA | 33 | Sug | מג | | - |
| CITY-ST-ZIP TITLE | | - | ☐ DELETE | 4.1 TIT | | - | 1,1943 | | | | 1 | | | | | Cha | ange | | Addition |
| NAME | | | | 4. 2 N/ | | | | | | | | | | | | | | | |
| STREET ADDRESS | | | | | | ADDRESS | | | | | | | | | | | | | |
| | | | | 4.4 CIT | | | | | | | | | | | | | | | 1 |
| CITY-ST-ZIP | | | ☐ DELETE | 5.1 111 | | 1-20 | <u> </u> | | | | | | | | | ☐ Cha | ange | | Addition |
| | | | | 5.2 NA | | | | | | | | | | | | | - | | |
| NAME STREET ADDRESS | | | | | | ADORESS | | | | | | | | | | | | | |
| STREET ADDRESS | | | | 5 4 CI | | | | | | | | | | | | | | | |
| CITY-ST-ZIP TITLE | | | ☐ DELETE | 6.1 TIT | | | | | | | | | | | | Cha | ange | | Addition |
| | | | | 6.2 NA | | | | | | | | | | | | _ | - | _ | |
| NAME | | | | | | ADDRESS | | | | | | | | | | | | | |
| STREET ADDRESS | | | | 6.4 CI | | | | | | | | | | | | | | | |
| CITY-ST-ZIP | | | | 0.4 (1 | 1-31 | 1 - 411 | l | | | | | | | | | | | | |

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: SIGNATURE: SIGNATURE SIGNATURE SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR