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May 06 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S01607 (8)

1. Corporation Name
KAYLANDCO, INC.

Principal Place of Business

1201 US HWY 1
CRYSTAL TREE PLAZA, SUITE 305
N PALM BEACH FL 33408

Mailing Address

1201 US HWY 1
CRYSTAL TREE PLAZA, SUITE 305
N PALM BEACH FL 33408-9550

3. Date Incorporated or Qualified
09/20/1990

3a. Date of Last Report
04/24/1996

2. Principal Place of Business

21 151 SW SOUTH RIVER DR.

Suite, Apt. #, etc.

22 SUITE 103

City & State

23 STUART, FLA

Zip

24 34997

Country

25 USA

2a. Mailing Address

26 Suite, Apt. #, etc.

27 P.O. BOX 33146

City & State

28 PALM BEACH GARDENS FL

Zip

29 33420

Country

30 USA

4. FEI Number
65-0303392

Applied For
Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

HIGGINS, CHARLES R.
1889 ASCOT ROAD
JUNO ISLES, 33408

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0802 and 607.1808, 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PST ☐ DELETE
NAME KUJAWSKI, ARTHUR
STREET ADDRESS 1201 US HWY 1 #305
CITY- ST- ZIP N PALM BEACH FL
ADDRESS CHANGE

TITLE D ☐ DELETE
NAME KUJAWSKI, ARTHUR
STREET ADDRESS 1201 US HWY 1 #305
CITY- ST- ZIP N PALM BEACH FL
ADDRESS CHANGE

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 151 SW SOUTH RIVER DR
1.4 CITY- ST- ZIP STUART, FL 34997

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 151 SW SOUTH RIVER DR
2.4 CITY- ST- ZIP STUART, FL 34997

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY- ST- ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY- ST- ZIP

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0301430

CR2E034 (9/96)