

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # S02831 (3)

1. Corporation Name
KINDA-SORTA, INC.

Principal Place of Business 9476 TRADEWINDS AVE C/O EDWARD JAROTZ SEMINOLE FL 34646	Mailing Address 9476 TRADEWINDS AVE C/O EDWARD JAROTZ SEMINOLE FL 34646
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2. Principal Place of Business 21 C/O EDWARD JAROTZ Suite, Apt. #, etc. 22 9476 TRADEWINDS AVE City & State 23 SEMINOLE FL Zip 24 34646	2a. Mailing Address 26 C/O EDWARD JAROTZ Suite, Apt. #, etc. 27 9476 TRADEWINDS AVE City & State 28 SEMINOLE FL Zip 29 34646	Country 25 USA	Country 30 USA
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9. Name and Address of Current Registered Agent

**JAROTZ, EDWARD J.
9476 TRADEWINDS AVE
SEMINOLE FL 34646**

**APPROVED
AND
FILED**

55 MAY - 1 PM 8:55

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/01/1990	3a. Date of Last Report 05/01/1994
4. FCI Number 59-3031060	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	

10. Name and Address of New Registered Agent

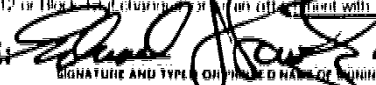
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL
85 Zip Code	

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 of registered agent or person authorized to accept appointment as registered agent)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY, ST, ZIP	DVT JAROTZ, EDWARD J. 9476 TRADEWINDS AVE SEMINOLE FL	11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY, ST, ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	DP JAROTZ, CAROLYN J 9476 TRADEWINDS AVE SEMINOLE FL	21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY, ST, ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP		31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY, ST, ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP		41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY, ST, ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP		51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY, ST, ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP		61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY, ST, ZIP	☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.03(6), 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 person or persons authorized to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this filing.

SIGNATURE:  **EDWARD J. JAROTZ V.P. 4/25/95 (813) 576-1609**

SIGNATURE AND TYPE OR PRINTED NAME OF FINANCING OFFICER OR CREDITOR _____