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Apr 30, 1999 8:00 am  
Secretary of State

04-30-1999 90021 021 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **S17268**

1. Corporation Name  
**KITTY BIRD, INC.**

Principal Place of Business

3601 N DIXIE HWY.  
SUITE 2  
BOCA RATON FL 33431  
US

Mailing Address

3601 N DIXIE HWY  
SUITE 2  
BOCA RATON FL 33431  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/05/1990

4. FEI Number

65-0233942

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 owes the current year Intangible  
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SCHMIDT, GERALD  
600 NORTH OCEAN BLVD.  
DEERFIELD BEACH FL 33441

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 607.1508, 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PT ☐ DELETE

NAME SCHMIDT, GERALD  
STREET ADDRESS 600 NORTH OCEAN BLVD.  
CITY-ST-ZIP DEERFIELD BEACH FL

1.1 TITLE ☐ Change ☐ Addition

TITLE VPS ☐ DELETE

NAME SCHMIDT, LAURIE  
STREET ADDRESS 4908 HERKIMER ST.  
CITY-ST-ZIP ANNANDALE VA

2.1 TITLE ☐ Change ☐ Addition

TITLE D ☐ DELETE

NAME SCHMIDT, REBECCA  
STREET ADDRESS 600 N OCEAN BLVD  
CITY-ST-ZIP DEERFIELD BEACH FL

3.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)