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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # \$36885

1. Corporation KSM MA	NAGEMENT CORP				
Principal Place	of Business	Mailing Address		1,000	1
460 SW 181 AV	ENUE	460 SW 181 AVENUE		•	
PEMBROKE PINES FL 33029 PEMBROKE PINES FL 33029				DO NOT WRITE IN THI	IC CDACE
US	•	US			IS SPACE
	•			3. Date Incorporated or Qualifed	ļ
				03/12/1991	I Amakad Faa
2. Principal Pl	lace of Business	2a. Mailing Address		4. FEI Number	Applied For Not Applicable
21	<u> </u>	26	· · ·	65-0249497	\$8.75 Additional
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	Fee Required
22		27			· · · · · · · · · · · · · · · · · · ·
City & State	e	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	. Country	Zip 3	Country	This corporation owes the current year to Personal Property Tax.	ntangible ☐ Yes ⊠ No
24	9. Name and Address of Currer		-	10. Name and Address of New Registered	d Agent
			81 Name		
MAN	DELL, KATHY S.		00 00	dress (P.O. Box Number is Not Acceptable)	
460 SW 181 AVENUE		82 Street Add	dress (P.O. Box Number is Not Acceptable)	,	
PEMI	Broke Pines FL 33029		83		
					Jael 20 0-4-
	•		84 City	· F	E 85 Zip Code
11. Pursuant office or re	to the provisions of Sections 607.050 egistered agent, or both, in the State	of Florida. Such change was aut	horized by the corporat	poration submits this statement for the purpose cion's board of directors. I hereby accept the app	ointment as registered
agent. I ai	m familiar with, and accept the obliga	ations of, Section 607.0505, Fioric	ia Statutes.		
agent. I ai	m familiar with, and accept the obligation of spiritudes ago	ent and title if applicable. (NOTE: R	da Statutes. tegistered Agent signature requir		
agent. I all SIGNATURE	m familiar with, and accept the obligation of signature, typed or printed name of registered age OFFICERS AN	ations of, Section 607.0505, Fioric	a Statutes. legistered Agent signature requir	red when reinstating) DATE	
agent. I ai SIGNATURE 12. TITLE	Signature, typed or printed name of registered age OFFICERS AN	ent and title if applicable. (NOTE: R	legistered Agent signature required 13.	red when reinstating) DATE	AND DIRECTORS IN 12
agent. I ai SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered age OFFICERS ANDP MANDELL, KATHY	ent and title if applicable. (NOTE: R	tegistered Agent signature requirements 13. 1.1 TITLE 1.2 NAME	red when reinstating) DATE	AND DIRECTORS IN 12
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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 chapter 607 or an antachment with an address, with all other like empowered.

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/99 954-983-580

Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90287 004 ***150.00

RZE034 (11/98)