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Jun 15 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998

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

DOCUMENT # **S55186** **(8)**

1. Corporation Name
KALJOMA INCORPORATED

Principal Place of Business	Mailing Address
23008 MARINE VIEW DR 12 DES MOINES WA 98198 US	23008 MARINE VIEW DR 12 DES MOINES WA 98198 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 P.O. Box 98871
Suite, Apt. #, etc.
22
City & State
23 DES MOINES WA
Zip 24 98198 Country 25 US

2a. Mailing Address
26 P.O. BOX 98871
Suite, Apt. #, etc.
27
City & State
28 DES MOINES WA
Zip 29 98198 Country 30 US

3. Date Incorporated or Qualified
05/23/1991

4. FEI Number
59-3071817
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 or has paid the current year Intangible Personal Property Tax due June 30 ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
PHILLIPS, MALCOLM JOHN
3612 INDIAN RIVER DRIVE
COCOA FL 32926

10. Name and Address of New Registered Agent
81 Name CHRISTINE ROTTA
82 Street Address (P.O. Box Number is Not Acceptable) 1552 UNIVERSITY LANE #709
83
84 City COCOA FL 85 Zip Code 32922

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 I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Christine Rotta DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE	D ☒ Change ☐ Addition
NAME	PHILLIPS, MALCOLM J.		1.2 NAME	PHILLIPS MALCOLM J.
STREET ADDRESS	3612 INDIAN RIVER DRIVE		1.3 STREET ADDRESS	~~P.O. BOX 98871~~ 140 SW 208TH ST
CITY-ST-ZIP	COCOA FL		1.4 CITY-ST-ZIP	~~DES MOINES WA 98198~~ SEATTLE WA 98166
TITLE	D	☐ DELETE	2.1 TITLE	D ☒ Change ☐ Addition
NAME	PHILLIPS, ALICE L.		2.2 NAME	PHILLIPS ALICE L.
STREET ADDRESS	3612 INDIAN RIVER DRIVE		2.3 STREET ADDRESS	~~P.O. BOX 98871~~ 140 SW 208TH ST
CITY-ST-ZIP	COCOA FL		2.4 CITY-ST-ZIP	~~DES MOINES WA 98198~~ SEATTLE WA 98166
TITLE	D	☐ DELETE	3.1 TITLE	D ☒ Change ☐ Addition
NAME	PHILLIPS, JOHN D.		3.2 NAME	PHILLIPS JOHN D.
STREET ADDRESS	3612 INDIAN RIVER DRIVE		3.3 STREET ADDRESS	7415 S. ALICE ST #202
CITY-ST-ZIP	COCOA FL		3.4 CITY-ST-ZIP	LITTLETON CO 80127
TITLE	SD	☐ DELETE	4.1 TITLE	SD ☒ Change ☐ Addition
NAME	PHILLIPS, KAREN L.		4.2 NAME	PHILLIPS KAREN L
STREET ADDRESS	3612 INDIAN RIVER DRIVE		4.3 STREET ADDRESS	602 HAMBURG TURNPIKE
CITY-ST-ZIP	COCOA FL 32926		4.4 CITY-ST-ZIP	POMPTON LAKES NJ 07442
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (10/97)

-06/17/98-01018-023
***200.00

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 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.

MALCOLM J PHILLIPS