FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **\$76466**1. Corporation Name

THE K.A.A. BETA CORPORATION

,,,,						
Principal Place	e of Business	Mailing Address				Libridge (il 19916 still) make and and aller along along a law areas
5904 SPRING L	AKE DR	5904 SPRING LAKE DR	4 SPRING LAKE DR			
LAKELAND FL		LAKELAND FL 33811				DO NOT MOITE IN THIS SPACE
						DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualifed 08/28/1991
2. Principal P	lace of Business	2a. Mailing Address			-	4. FEI Number Applied For
21		26			59-3089676 Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional Fee Required	
City & State		City & State			6. Election Campaign Financing \$5.00 May Be	
23		28			Trust Fund Contribution Added to Fees	
Zip	CountryZipCou		ntry		8. This corporation owes the current year Intangible	
24	25		30			Personal Property Tax. ☐ Yes ☐ No
	9. Name and Address of Curr	ent Registered Agent				10. Name and Address of New Registered Agent
MEN	TOMES			81	Name	
KENT, GAYLE S				82	Street Add	ddress (P.O. Box Number is Not Acceptable)
	SPRING LAKE DRIVE			Ш		
LAN	ELAND FL 33811			83		·
				84	City	FL 85 Zip Code
office or i agent. I a	to the provisions of Sections 607.0 registered agent, or both, in the Sta am familiar with, and accept the obli	e of Florida. Such change was at	itnorized	י עם נ	tne corpora	orporation submits this statement for the purpose of changing its registered ration's board of directors. I hereby accept the appointment as registered
SIGNATURE	Signature, typed or printed name of registered a	gent and title if applicable (NOTE:	Registered	Agen	t signature requi	quired when reinstating) DATE
12.		AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PST	☐ DELETE	1.1 TX	TLE		☐ Change ☐ Addition
NAME	KENT, GAYLE S		1.2 NA	ME		· · .
STREET ADDRESS	•		1.3 ST	REET	ADDRESS	·
CITY-ST-ZIP	LAKELAND FL		1.4 Çî		r-zip	Change Addition
TITLE	ļ	☐ DELETE	2.1 111	TLE	l	Change Addition
NAME			2.2 NA	AME		
STREET ADDRESS	;		2.3 ST	REET	ADDRESS	The state of the s
CITY-ST-ZIP			2. 4 C		T-ZIP	. : ☐ Change ☐ Addition
TITLE		☐ DELETE	3.1 TF			Change
NAME			3.2 NA			
STREET ADDRESS					ADDRESS	·
C/TY-ST-Z/P		El priete	3.4. C		T-ZIP	Change Addition
TITLE		☐ DELETE	4.1 TT			
NAME			4. 2 N			
STREET ADDRESS					ADDRESS	
CITY-ST-ZIP		☐ DELETE	4.4 CI		T-ZIP	Change Addition
TITLE		[] DETE IE	5.1 TT 5.2 NA			
NAME					T ADDRESS	
STREET ADDRESS			5.4 CI			,
CITY-ST-ZIP		☐ DELETE	6.1 TI		-	☐ Change ☐ Addition
TITLE			6.2 N/			
NAME OTREET ADORESS			•		T ADORESS	,
STREET ADDRESS]		6.4 CI		i	

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 suppliemental 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.

FILED

Mar 08, 1999 8:00 am Secretary of State

03-08-1999 90047 012 ***150.00