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 # S93641

K & E LAND CORPORATION

Principal Place of Business

Mailing Address

FILED Mar 02, 1999 8:00 am Secretary of State

03-02-1999 90057 011 ***450.00



	SBURG PARK BLVD	3820-1 WILLIAMSBURG PARK BLVD JACKSONVILLE FL 32257				
JACKSONVILLE	FL 3223/	DACKSONVILLE TE 02257			DO NOT WRITE IN THIS SPACE	
					3. Date incorporated or Qualifed 11/12/1991]
2 Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number Applied For	1
2. Principal Place of Business 21 383 P-JA WILLIAMS AVE WPACK 26 383 P-JA WILLIAMS AVE WAS AVE				Parx	Not Applicable	1
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired S8.75 Additional Fee Required] -
City & State 23 A Ch		City & State 28 JOCU(JANVI/Le 7)			6. Election Campaign Financing Solution Solution Solution Solution Solution Solution Solution Added to Fees	1
Zip 24 3ンン	Country	Zip Country 29 7 > - 5 7 30			8. This corporation owes the current year Intangible Personal Property Tax. Yes No	1
24 5 - 5	9. Name and Address of Current	120			10. Name and Address of New Registered Agent	1
	9. Name and Address of Current	Registered Agent	81	Name		1
KAS	SEL, SCOTT		82			4
3820	I-1 WILLIAMSBURG PARK BLVD KSONVILLE FL 32257			Street	et Address (P.O. Box Number is Not Acceptable)	
JACI	AGOINVILLE I E GEEST		83			
			84	City	FL 85 Zip Code	
office or re agent. I as	egistered agent, or both, in the State of m familiar with, and accept the obligation	f Florida. Such change was authons of, Section 607.0505, Florida	Statutes	tne corp	ed corporation submits this statement for the purpose of changing its registered reporation's board of directors. I hereby accept the appointment as registered	
	Signature, typed or printed name of registered agent a			nt signature		1 8
12.	OFFICERS AND	DIRECTORS DELETE	13. 1.1 TITLE		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change 2 Addition	13
TITLE	PT COOTT	□ bece1e				
NAME	KASSEL, SCOTT		1.2 NAME		MINEY KISSED	8
STREET ADDRESS	7894 HUNTERS GROVE RD			T ADDRESS	MARY KASSEL 58 SY HUNTERS GRUUTERS JOCICSUNVILL 7) 32256	{
CITY-ST-ZIP	JACKSONVILLE FL	☐ DELETE	1.4 CITY-S	T-ZIP	Change Addition	3 1
TITLE		- DELETE	2.1 TITLE			
NAME			2.2 NAME			
STREET ADDRESS				TADDRESS	SS	
CITY-ST-ZIP			2.4 CITY-5	ST-ZIP	☐ Change ☐ Addition	
TITLE		☐ DELETE	3.1 TITLE		, Change C Addition	
NAME			3.2 NAME			
STREET ADDRESS				TADDRESS	SS	
CITY-ST-ZIP		☐ DELETE	3.4. CITY-5	ST-ZIP	☐ Change ☐ Addition	,
TITLE		□ pere∗e	4.1 TITLE		, Country	
NAME			4. 2 NAME		<u>'</u>	
STREET ADDRESS				TADDRESS		
CITY-ST-ZIP		Floriers	4.4 CITY-S	T-ZIP	☐ Change ☐ Addition	\exists
TITLE		☐ DELETE	5.1 TITLE 5.2 NAME		Change C Audition	1
NAME				T ADDDCCC		
STREET ADDRESS				T ADDRESS	500	
CITY-ST-ZIP			5.4 CITY-S 6.1 TITLE	1-ZIP	☐ Change ☐ Addition	\exists
TITLE		☐ DELETE				'
NAME			6.2 NAME			1
STREET ADDRESS			6.3 STREE	T ADDRESS	58	

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:

RINTED NAME OF SIGNING OFFICER OR DIRECTOR