

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

FILED
May 12 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northrup Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **V03971** (1)
1. Corporation Name
KUMPF BROTHERS, INC.



Principal Place of Business
**2929 COMMERCIAL BLVD.
SUITE 402
FORT LAUDERDALE FL 33308**

Mailing Address
**P O BOX 208
SUITE 402
WAYNESVILLE NC 28786
US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 234 N. Ocean Drive Suite, Apt. #, etc. 22 City & State 23 Deerfield Beach, FL Zip 24 33441 Country 25 USA		2a. Mailing Address 26 P O Box 208 Suite, Apt. #, etc. 27 Suite 2 City & State 28 Waynesville, NC Zip 29 28786 Country 30 USA		3. Date Incorporated or Qualified 01/08/1992	4. FEI Number 65-0307939 Applied For <input type="checkbox"/> Not Applicable
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**MELVIN, MICHAEL W.
2929 COMMERCIAL BLVD.
SUITE 402
FORT LAUDERDALE FL 33308**

10. Name and Address of New Registered Agent

81 Name Gerald E. Kumpf
82 Street Address (P.O. Box Number is Not Acceptable) 333 Sunset Dr. #908
83
84 City Ft. Lauderdale FL 85 Zip Code 33301

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 *Gerald E. Kumpf* *Gerald E. Kumpf Pres 3/31/98*
Signature of person authorized to execute this report (Not a Registered Agent signature required when installing) DAY

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KUMPF, GERALD E	1.2 NAME	Kumpf, Gerald E
STREET ADDRESS	P O BOX 208	1.3 STREET ADDRESS	333 Sunset Dr #908
CITY-ST-ZIP	WAYNESVILLE NC	1.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33301
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KUMPF, CARL D SR	2.2 NAME	Kumpf, Carl D. Sr
STREET ADDRESS	P O BOX 208	2.3 STREET ADDRESS	22 Church Street Suite 2
CITY-ST-ZIP	WAYNESVILLE NC	2.4 CITY-ST-ZIP	Waynesville, NC 28786
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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*****150.00**

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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.

CFR2E034 (10/97)