

COND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V09713

Corporation Name

WAYNE R. KOHLER, INC.

Principal Place of Business

19 N. RIVERSIDE DR.

STE 505

POMPANO BEACH FL 33062

Mailing Address

1609 N. RIVERSIDE DR.

SUITE 505

POMPANO BEACH FL 33062

FILED
Jul 08, 1999 8:00 am
Secretary of State

07-08-1999 90016 028 ***150.00



DO NOT WRITE IN THIS SPACE

Principal Place of Business

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

27

City & State

City & State

28

Zip

Country

25

Zip

Country

29

30

3. Date Incorporated or Qualified

01/27/1992

4. FEI Number

65-0308652

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 the current year
Intangible Personal Property.

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KOHLER, WAYNE R.
C/O K & K ACCOUNTING
4700 N STATE ROAD 7, STE 221
FT LAUDERDALE FL 33319

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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.

GNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

E D ☐ DELETE
IE KOHLER, WAYNE R.
EET ADDRESS 1609 N. RIVERSIDE DR. #505
ST-ZIP POMPANO BEACH FL 33062

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

E ☐ DELETE
IE
EET ADDRESS
ST-ZIP

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

E ☐ DELETE
IE
EET ADDRESS
ST-ZIP

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

E ☐ DELETE
IE
EET ADDRESS
ST-ZIP

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

E ☐ DELETE
IE
EET ADDRESS
ST-ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

E ☐ DELETE
IE
EET ADDRESS
ST-ZIP

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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.

GNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-1-99

954 781 4378

CR2E034 (5/99)

WAYNE R. KELLER Inc

7-1-99

583442-90016-28

V09713

TO WHOM IT MAY CONCERN

PLEASE ACCEPT THIS CHECK FOR \$150.00 FOR
RENEWAL OF CORPORATION. FIRST NOTICE WAY
NSOR RECEIVED BY THIS OFFICE. THANK YOU IN
ADVANCE FOR YOUR CONSIDERATION

Wayne R Keller Pres
