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

FILED Mar 19 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS **DOCUMENT** # V10442 KMS RESTAURANT CORP. Principal Place of Business Mailing Address 230 ROYAL PALM WAY P.O. BOX 3243 PALM BEACH FL 33480 PALM BEACH FL 33480 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/29/1992 2, Principal Place of Business 2a. Mailing Address Applied For 21 65-0319046 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 8. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees Country Zip Country 8. This corporation owes or has paid the current year latangible 24 Personal Property Tax due June 30. Yes Yes 30 25 29 10, Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent KEITEL, FREDRICK J. III 238 ROYAL PALM WAY 82 Street Address (P.O. Box Number is Not Acceptable) PALM BEACH FL 33480 83 Zip Code 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. Fam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTE Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. TITLE DELLE TE 1.1 TITLE Change Addition NAME KEITEL, FREDERICK J 1.2 NAME 230 ROYAL PALM WAY STREET ADDRESS 1.3 STREET ADDRESS PALM BEACH FL 1.4 CITY - ST - ZIP CITY - ST - ZIP DELETE Change Addition TITLE 2.3 TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2 4 CITY-ST-ZIP CITY-ST-ZIP DELETE 31 TITLE ☐ Change Addition TITLE 3.2 NAME NAME 3 3 STREET ADDRESS STREET ADDRESS CHY-ST-ZIP 3 4. CITY - ST - ZIP DELETE 41 THILE ☐ Addition TITLE 4 2 NAME NAME STREET ADDRESS 4 3 STREET ADDRESS CITY - ST - ZIP 4.4 CITY - ST - ZIP Addition DELETE Change TITLE 5.1 TITLE 5.2 NAME STREET ADDRESS **53 STREET ADDRESS** 5.4 CITY - ST - ZIP CITY-ST-ZIP

14. Thereby 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 eath; that I am an officer or director of the proportion of the recover or trusher empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 it supriged. If on an alternative of the appears in the proportion of the proportion of the recovery or trusher empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

6.4 CITY-ST-ZIP

6 1 TITLE

6.2 NAME 6.3 STREET ADDRESS

DELETE

TITLE NAME

STREET ADDRESS

CITY - ST - ZIP

Change

Addition