

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996	FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

96 MAR -5 PM 1:05

DOCUMENT # **V15441**
1. Corporation Name
KOK-O-MAY ME REALTY CORP

Principal Place of Business	Mailing Address
21923 ARRIBA REAL BOCA RATON FL 33433	21923 ARRIBA REAL BOCA RATON FL 33433

3. Date Incorporated or Qualified 06/01/94	3a. Date of Last Report 12/31/94
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2. Principal Place of Business	2a. Mailing Address
21 21923 ARRIBA REAL	26 21923 ARRIBA REAL

4. FEI Number 65-0393494	Applied For
	Not Applicable

Suite, Apt. #, etc.	Suite, Apt #, etc.
22	27

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

City & State	City & State
23 BOCA RATON FL	28 BOCA RATON, FL33433

6. Election Campaign Financing	\$5.00	May Be
Trust Fund Contribution	<input type="checkbox"/>	Added to Fees

Zip	Country	Zip	Country
24 33433-3143	25 PALM BE	29 33433-3143	30 PALM BE

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent		
		81 Name

10. Name and Address of New Registered Agent

ANITA KROUNER	82	Street
21923 ARriba REAL	83	
BOCA RATON FL 33433	84	City

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

[illegible]

FI	85	Zip Code
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11. Pursuant to the provisions of Sections 807.0502 and 807.1505, 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 807.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. A
TITLE	PRESIDENT	DELETE	1.1 TITLE

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12				
		Change		Addition

NAME	ANITA KROUNER	1.2 NAME
STREET ADDRESS	21923 ARRIBA REAL	1.3 STREET
CITY-ST-ZIP	BOCA RATON FL 33433-3143	1.4 CITY-ST

ADDRESS _____
-ZIP _____

TITLE	<input type="checkbox"/> DELETE	2.1 TITLE
NAME		2.2 NAME
STREET ADDRESS		2.3 STREET
CITY-ST-ZIP		2.4 CITY

	03/05/96 - 01082 - 010
ADDRESS	****200.00 ****200.00

TITLE	<input type="checkbox"/> DELETE	2.4 CITY-ST
NAME		3.1 TITLE
STREET ADDRESS		3.2 NAME
CITY OF THE		3.3 STREET

ZIP	
ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition

CITY-ST-ZIP		3.4 CITY-ST
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE
NAME		4.2 NAME
STREET ADDRESS		4.3 STREET
CITY-ST-ZIP		4.4 CITY-ST

ZIP			
ADDRESS		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
ZIP			

TITLE	<input type="checkbox"/> DELETE	5.1 CITY-ST
NAME		5.1 TITLE
STREET ADDRESS		5.2 NAME
CITY, ST, ZIP		5.3 STREET

ZIP		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
ADDRESS			

CITY-ST-ZIP		5.4 CITY-ST-
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE
NAME		6.2 NAME
STREET ADDRESS		6.3 STREET A
CITY-ST-ZIP		6.4 CITY ST

ZIP		
ADDRESS	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
CITY		

4. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 807, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____

Daytime Phone #