2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # V16802 KIM'S ENTERPRISES OF OCALA, INCORPORATED Principal Place of Business Mailing Address 3045 S E 3RD AVE 3045 SE 3RD AVENUE OCALA FL 34471 OCALA FL 34471-0423 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Zip Country Zip Country

6. Name and Address of Current Registered Agent

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

OFFICERS AND DIRECTORS

KIM, YOUL MAN

SIGNATURE .

11.

TITLE

TITLE

NAME

TITLE

NAME

TITLE

NAME STREET ADDRESS

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

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STREET ADDRESS

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CITY-ST-ZIP

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CITY-ST-ZIP

3045 SE 3RD AVENUE OCALA FL 34471

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

KIM, YOUL MAN

OCALA FL

OCALA FL

3485 SE 29TH CT

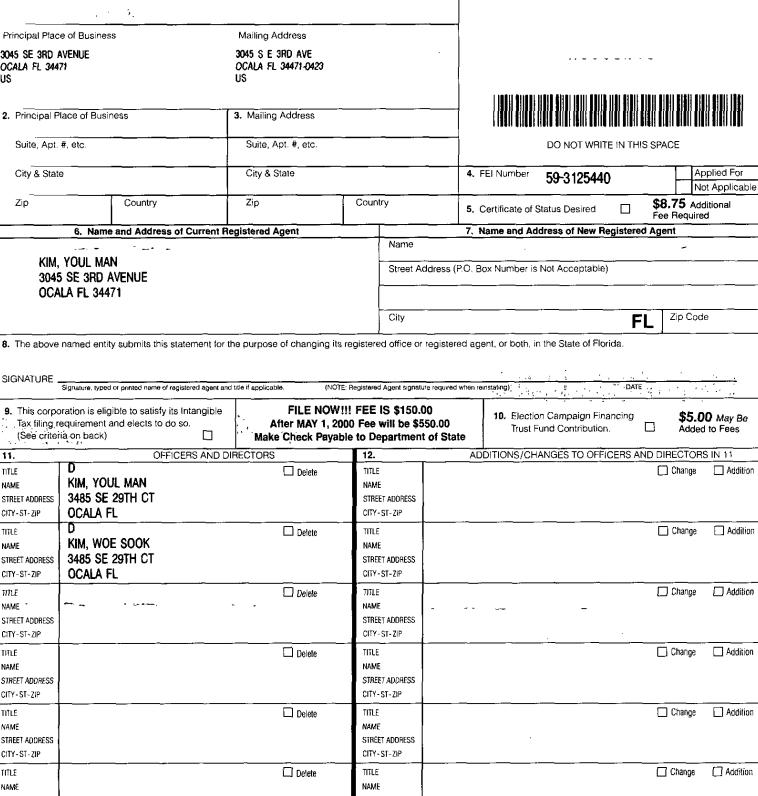
KIM, WOE SOOK

3485 SE 29TH CT

(See criteria on back)

FILED Jan 18, 2000 8:00 am Secretary of State

01-18-2000 90094 005 ***150.00



13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

Name

City

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2000 Fee will be \$550.00

Make Check Payable to Department of State

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12.

NAME

NAME

TITLE

NAME

TITI F

NAME

TITLE

NAME STREET ADDRESS

TITI F

NAME

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E034 (9/99