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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V24075

KOGER I	ENTERPRISES, INC.						E NOOM RHING HOLE CICK GRAIS HOL	acadh Dibil Di	ON ONDER ENGER OF	OR DEBUG (OR)
	*									
Principal Place	of Business	Mailing Address				1		Ai Alit Elett et	eli nimi alan ol	D)(8191) (98)
5838 STIRLING ROAD 5838 STIRLING ROAD			•							
HOLLYWOOD FL 33021 HOLLYWOOD FL 33021							DO NOT 14/0/1	E OLTUC	CDACE	
	·					1-	DO NOT WRIT Date Incorporated or Qualifed	E IN I HIS	SPACE	
						3.	03/26/1992			
Principal Place of Business 2a. Mailing Address							FEI Number		Anr	lied For
							65-0324685		<u> </u>	Applicable
Suite, Apt. i	# atc	Suite, Apt. #, etc.				+-			\$8.75 A	
	r, w.c.	27				5.	Certifcate of Status Desired		Fee Red	quired
22 City & State		City & State			9 . V	6.	Election Campaign Financing		\$5.00	May Be
23	, .	28				<u> </u>	Trust Fund Contribution	<u> </u>	Added to	Fees
Zip	Country	Zip	Cour	ntry		8.	This corporation owes the curre	ent year Inta]
24	25	1=-1	30				Personal Property Tax.			□No
	9. Name and Address of Curre	nt Registered Agent		81	Name	10.	Name and Address of New R	egistered	Agent	
SANDLER, ERIC B.				°'	Name					
9100 S DADELAND BLVD.			Ţ	82 Street Add			O. Box Number is Not Accepta	ble)		1
SUITE 1010			F	83						
MIAMI FL 33156				03						
,				84	City			FL	85 Zip C	ode
44 Purcuant f	to the provisions of Sections 607.05	02 and 607.1508. Florida Statute	es, the ab	ove	-named corp	oration	n submits this statement for the	numose of	changing its	registered
office or re	to the provisions of Sections 607.05 egistered agent, or both, in the State m familiar with, and accept the oblig	of Florida. Such change was al	mnonzea	nv i	the comoratic	n's bo	pard of directors. I hereby accep	t the appoi	ntment as reç	jistered
SIGNATURE		ANOTE:	Dogistand	Agont	t signature required	t whon r	reinstating)	DATE		
12.	Signature, typed or printed name of registered ag	ND DIRECTORS	13.	- Gen	t organization requires		ADDITIONS/CHANGES TO OF	FICERS AN	D DIRECTO	RS IN 12
TITLE	D	☐ DELETE	1.1 TIT	LE					Change	☐ Addition
NAME	KOGER, JERRY MARK		1.2 NA	1.2 NAME						
STREET ADDRESS	10216 CARACAS STREET		1.3 STI	1.3 STREET ADDRESS						
CITY-ST-ZIP	COOPER CITY FL		1.4 CIT	1.4 CITY-ST-ZIP						
TITLE			2.1 TiT	2.1 TITLE					☐ Change	☐ Addition
NAME	KOGER, CAROLINE DITKA		2.2 NA	2.2 NAME						
STREET ADDRESS	10216 CARACS STREET		2.3 STI	3 STREET ADDRESS						
CITY-ST-ZIP			2.4 CF	2.4 CITY-ST-ZIP			<u></u>			
TITLE - ·		DELETE	3.1 TITLE		~ -				Change	☐ Addition
NAME			3.2 NA	3.2 NAME						
STREET ADDRESS	·			3.3 STREET ADDRESS						Ì
CITY-ST-ZIP				3.4, CITY-ST-ZIP					☐ Change	Addition
TITLE	•	☐ DELETE	4.1 TITLE						C. Crianide	
NAME			4. 2 NAME							
STREET ADDRESS	•				ADDRESS					
CITY-ST-ZIP				4.4 CITY-ST-ZIP			<u> </u>		Change	Addition
TITLE				5.1 TITLE 5.2 NAME					av	
NAME					TADORESS					
STREET ADDRESS	SS			5.4 CITY-ST-ZIP						ļ
CITY-ST-ZIP TITLE				1 TITLE					☐ Change	☐ Addition
NAME	south.	<u> </u>	6.2 NA	ME					-	
STREET ADORESS			6.3 ST	REET	ADDRESS					

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

14. 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 comporation 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 chapted, or on an attactionent with an address, with all other like empowered.

FILED Apr 19, 1999 8:00 am Secretary of State

04-19-1999 90077 006 ***150.00