

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT
CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V43110

(8)

1. Corporation Name

K FOSTER DESIGNS, INC.

FILED
95 AUG -7 AM 11:18
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business
**11924 FOREST HILL BLVD.
WEST PALM BEACH FL 33414**

Mailing Address
**11924 FOREST HILL BLVD.
WEST PALM BEACH FL 33414**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business

21 11420 FORTUNE CR

2a. Mailing Address

26 11420 Fortune Cr.

Suite, Apt. #, etc.

22 I-13

Suite, Apt. #, etc.

27 I-13

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

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3. Date Incorporated or Qualified
06/10/1992

3a. Date of Last Report
05/01/1994

4. FEI Number
65-0396526

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**FOSTER, MARY KATHLEEN
11924 FOREST HILL ROAD
WEST PALM BEACH FL 33414**

10. Name and Address of New Registered Agent

81 Name

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

11420 Fortune Circle I-13

83

84 City

FL

85 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. I am familiar with, and accept the obligations of, Section 607.0505, 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

TITLE P
NAME FOSTER, MARY KATHLEEN
STREET ADDRESS 11924 FOREST HILL BLVD.
CITY - ST - ZIP WEST PALM BEACH FL 33414

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

11420 Fortune Circle, I-13

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

31 TITLE
32 NAME
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34 CITY - ST - ZIP

☐ Change ☐ Addition

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41 TITLE
42 NAME
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☐ Change ☐ Addition

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51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

☐ Change ☐ Addition

14. 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 607, 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 #