## 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 FILED Apr 07, 1999 8:00 am Secretary of State 04-07-1999 90114 034 \*\*\*150.00

1, Corporation	MENT # <b>V50420</b> K IT, INC.	\$ 15	000	2			
Principal Place	e of Business	Mailing Address			C 10011 DISOUR SIGN COUR CINES SINII CON CONTROL		DIT BIEN (68)
₹743=WEST-HILLGBORO-BLVB 5080 NW 47TH AVE.							
DEERFIELD BEACH FL 33442 COCONUT CREEK FL 33073					DO NOT WRITE IN THIS	SPACE	
US		U\$			3. Date Incorporated or Qualified	7017101	
					07/13/1992		
Principal Place of Business     2a. Mailing Address					4. FEI Number	App	lied For
21 3280 W HILLSBORO BLVD 26					65-0362907		Applicable
Suite, Apt. #, etc.					5. Certificate of Status Desired	<b>\$8.75</b> A	I .
22 27							
City & State City & State					= 26. Election Campaign Financing Trust Fund Contribution	1:00.\$5 Added to	
23 DEERFIELD BEACH FL 28 Zip Country Zip Co			Country		This corporation owes the current year In		
24 33442 25 US 29 30			_ ·		Personal Property Tax.		□No
	9. Name and Address of Current				10. Name and Address of New Registered	Agent	
			81	Name			
PHILLIPS, H.C.			82	Street Address (P.O. Box Number is Not Acceptable)			
5080 NW 47TH AVE.			<u> </u>				
COCONUT CREEK FL 33073			83				1
			84	City		85 Zip C	ode
•					FL		renistered
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		•	nt signature requin	ed when reinstating)  DATE  ADDITIONS/CHANGES TO OFFICERS A	ND DIDECTOR	2S IN 12
12. TILE			13. 1.1 TITLE		ADDITIONS/CHANGES TO OFFICERS A	Change	Addition
NAME	_		1.2 NAME				1
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CITY-ST-ZIP	A - A A - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1		1.4 CITY-S	T-ZIP			
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NAME	. 22N		2.2 NAME				
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TIME			3.1 TITLE			Change	الماساسات المساسات
NAME			3.2 NAME	T 40000000			-
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NAME	·	<del>_</del> · · ·	4. 2 NAME				
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NAME			5.2 NAME		· ·	*	
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CITY-ST-ZIP	·	C nei nee	5.4 CITY-S	ST-ZIP		Chance	Addition
TITLE			6.1 TITLE			☐ Change	C) Addition
NAME	, ' '		6.2 NAME	T ADDRESS			\
STREET ADDRESS							
CITY-ST-7IP	1		6.4 CITY-5	21-ZIF			

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 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, with all other like empowered.

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR