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

SIGNATURE:

PROFIT ELORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 (3)**DOCUMENT #** K.P.L., INCORPORATED Making Address Principal Place of Business 2237 NORTH SEACREST BLVD. 2237 NORTH SEACREST BLVD. **DELRAY BEACH FL 33444** DELRAY BEACH FL 33444 3a. Date of Last Report 3. Date Incorporated or Qualified 08/08/1995 07/23/1992 Applied For 4. FEI Number 2a. Maling Address 2. Principal Place of Business 85-0290759 Not Applicable 21 26 \$8.75 Additional Suite Apt. #. etc Suite. Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 6. Election Campaign Financing \$5.00 May Be City & State City & State Trust Fund Contribution Added to Fees 28 23 8. This corporation has liability for intangible tax under s. 199.032, Country Country Zιο es ∐No Florida Statutes 29 30 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name Street Address (P.O. Box Number is Not Acceptable) KUMAR, PRADEEP 82 2237 NORTH SEACREST BLVD. 83 **DELRAY BEACH FL 33444** 85 Zip Code 84 City 11. Pursuant to the provisions of Sections 637,0502 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, Si chi 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 677,0505. Florida Statutes. SIGNATURE Signature, typest or printed halos of negotiand agent and the diagramatic ner stution CR2E034 (12/95) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. OFFICERS AND DIRECTORS 12. Addition Change DE1 FTE TITLE 1.2 NAME KUMAR, PRADEEP 1.3 SIRSEL ADDRESS 2237 N. SEACREST BLVD. STREET ADDRESS DELRAY BEACH FL 1.4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 2.13011 TITLE NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 City - ST - ZIP City St ZIP DELETE Change ☐ Addition 3 1 111118 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREE! ADDRESS 3.4 CITY - \$T - ZIP CITY - ST - ZIP DELETE Change Add-tion 4 1 TITLE THEF 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4.0:TY S1 ZiP CITY-S1-ZiP ne tibbA 🔲 Change DELETE 5 1 Hills TITLE 5.2 NAM6 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST ZIP CITY-ST-ZIP [] DELETE ☐ Change Addition 6 1 TILE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 14. If do nereby certify that the information supplied valle 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 this corporal in or the receiver or trustee empowered to execute this report as required by Chapter £07, Florida Statutes, and that my name appears in Block 13 if changed, or or an affactment with an address. 6.4 City - St - ZiP