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

FILED
Jun 22 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # **P39596** **(2)**

1. Corporation Name
K.A.B. DESIGNS, INC. OF COLORADO

Principal Place of Business	Mailing Address
455 EAST PIKES PEAK AVENUE **SUITE #305** **COLORADO SPRINGS CO 80903** **US**	**455 EAST PIKES PEAK AVENUE** **SUITE #305** **COLORADO SPRINGS CO 80903** **US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualified
07/10/1992

4. FEI Number
84-0790617
☐ 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
GRAY, N. DWAYNE, JR.
201 S. ORANGE AVE., SUITE 1060
ORLANDO FL 32801

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
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(s) required for new registered agent and/or new officer(s) or director(s) (NOTE: Prior listed Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CP	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	PANKEY, VICTOR S.		1.2 NAME	
STREET ADDRESS	3624 SHEARER CROSSING		1.3 STREET ADDRESS	
CITY-ST-ZIP	BONSALL CA		1.4 CITY-ST-ZIP	
TITLE	VCV	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	PANKEY, PETER S.		2.2 NAME	
STREET ADDRESS	4800 LEGRAY ROAD		2.3 STREET ADDRESS	
CITY-ST-ZIP	ARVIN CA		2.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	CHOI, CHARLES Y.		3.2 NAME	
STREET ADDRESS	526 PENROSE BOULEVARD		3.3 STREET ADDRESS	
CITY-ST-ZIP	COLORADO SPRINGS CO		3.4 CITY-ST-ZIP	
TITLE	S	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	HILDERBRAND, JERRY R.		4.2 NAME	
STREET ADDRESS	455 E. PIKES PEAK AVE.		4.3 STREET ADDRESS	
CITY-ST-ZIP	COLORADO SPRINGS CO		4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (10/97)

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.

SIGNATURE: [signature] DATE: 6/22