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FILED
Jan 21 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 297588 (6)
1. Corporation Name
KON SALES, INC.



Principal Place of Business 201 PAINE DRIVE F WINTER HAVEN FL 33884 US	Mailing Address 201 PAINE DRIVE F WINTER HAVEN FL 33884-2379 US
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3. Date incorporated or Qualified 10/12/1965	3a. Date of Last Report 03/11/1996
4. FEI Number 59-1107544	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 201 PAINE DR	2a. Mailing Address 26 201 PAINE DRIVE
Suite, Apt #, etc 22	Suite, Apt #, etc. 27
City & State 23 WINTER HAVEN, FL	City & State 28 WINTER HAVEN, FL
Zip 24 33884	Country 25
Zip 29 33884	Country 30

9. Name and Address of Current Registered Agent

81 Name
KONDOR, JAMES O
1308 LAKE MIRROR TERR., N.W
WINTER HAVEN FL 33881

10. Name and Address of New Registered Agent

82 Street Address (P.O. Box Number is Not Acceptable)
1308 MIRROR TERRACE NW

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE PD	<input type="checkbox"/> DELETE
NAME KONDOR, JAMES O	
STREET ADDRESS 1308 LAKE MIRROR TERR NW	
CITY - ST - ZIP WINTER HAVEN FL	
TITLE ST	<input type="checkbox"/> DELETE
NAME KONDOR, THOMAS E.	
STREET ADDRESS 201 PAINE DRIVE, S.E.	
CITY - ST - ZIP WINTER HAVEN FL	
TITLE D	<input checked="" type="checkbox"/> DELETE
NAME KONDOR, THOMAS E	
STREET ADDRESS 201 PAINE DRIVE S.E.	
CITY - ST - ZIP WINTER HAVEN FL	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS 1308 MIRROR TERRACE NW	
1.4 CITY - ST - ZIP	
2.1 TITLE VSTD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP WINTER HAVEN, FL 33884	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do 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: **T. E. Kondor** **THOMAS E. KONDOR** **1/11/97** **941-324-3274**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)