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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 692488

1. Corporation Name
KEN INDUSTRIAL SALES, INC.



Principal Place of Business
 603 N PINE HILLS RD PO BOX 585888
 % KENNETH NICCUM
 ORLANDO FL 32808

Mailing Address
 603 N PINE HILLS RD PO BOX 585888
 % KENNETH NICCUM
 ORLANDO FL 32808

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		06/29/1981	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-2120969	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
24		29		7. \$5.00 May Be Added to Fees	
		30		8. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
NICCUM, KENNETH 603 NORTH PINE HILLS ROAD ORLANDO FL 32808				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City		85

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOT Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	<input type="checkbox"/> DELETE	1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURKHALTER CHERYL		1.2 NAME		
STREET ADDRESS	224 W SIMON AVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	APOPKA FL 32712		1.4 CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> DELETE	2.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRUEGGER, BRANDI		2.2 NAME	BRADLEY NICCUM	
STREET ADDRESS	224 W SIMON AVE		2.3 STREET ADDRESS	1119 CARBONE WAY	
CITY-ST-ZIP	APOPKA FL 32712		2.4 CITY-ST-ZIP	APOPKA, FL 32703	
TITLE	ST	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NICCUM, MADELINE		3.2 NAME	BRANDI BRUEGGER	
STREET ADDRESS	P O BOX 176		3.3 STREET ADDRESS	224 W. SIMON AVE.	
CITY-ST-ZIP	TANGERINE FL 32777		3.4 CITY-ST-ZIP	APOPKA, FL 32712	
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

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.

SIGNATURE: Cheryl Burkhalter PRES 4-21-99 407-289-2682
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)