

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

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May 01 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 # G05851 (2)

1. Corporation Name
VKNS CORP.



Principal Place of Business 2424 N FEDERAL HIGHWAY, S314 BOCA RATON FL 33431	Mailing Address 2424 N FEDERAL HIGHWAY, S314 BOCA RATON FL 33431-7735
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3. Date Incorporated or Qualified 10/22/1982	3a. Date of Last Report 05/01/1996
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2. Principal Place of Business 21 980 North Federal Highway	2a. Mailing Address 26 980 North Federal Highway
Suite, Apt. #, etc. 22 Suite 440	Suite, Apt. #, etc. 27 Suite 440
City & State 23 Boca Raton, FL	City & State 28 Boca Raton, FL
Zip 24 33432	Country 25 USA
Zip 29 33432	Country 30 USA

4. FEI Number 59-2227806	Applied For <input type="checkbox"/> 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**DAVID B VAN KLEECK
 21336 PAGOSA COURT
 BOCA RATON FL 33486**

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 *David Van Kleeck* DATE *April 27, 1997*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PTD	VANKLEECK, DAVID <input type="checkbox"/> DELETE	1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	VANKLEECK, DAVID	1.2 NAME	
STREET ADDRESS	2424 N FEDERAL HWY S314	1.3 STREET ADDRESS	980 North Federal Highway, Suite 440
CITY-ST-ZIP	BOCA RATON, FL 00000	1.4 CITY-ST-ZIP	Boca Raton, FL 33432
TITLE	AS <input type="checkbox"/> DELETE	2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	S
NAME	WETHERALD, LORRAINE	2.2 NAME	
STREET ADDRESS	2424 N. FEDERAL HWY S314	2.3 STREET ADDRESS	980 North Federal Highway, Suite 440
CITY-ST-ZIP	BOCA RATON FL	2.4 CITY-ST-ZIP	Boca Raton, FL 33432
TITLE	S <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YESPELKIS, SUZANNE M.	3.2 NAME	
STREET ADDRESS	2424 NORTH FEDERAL HWY S314	3.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON, FL 00000	3.4 CITY-ST-ZIP	
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 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 *David Van Kleeck* DATE *April 24, 1997* 561-368-3400

Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)