

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

FILED

**Apr 23 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 # K00446 (0)

1. Corporation Name
A. KNIGHT INDUSTRIES, INC.



Principal Place of Business % C. RICHARD FULMER, JR. 2231 SW 59 AVE HOLLYWOOD FL 33023 US	Mailing Address % C. RICHARD FULMER, JR. P. O. BOX 2005 HOLLYWOOD FL 33022 US
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3. Date Incorporated or Qualified 10/30/1987	3a. Date of Last Report 05/01/1996
4. FEI Number 65-0015561	Applied For <input type="checkbox"/> 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 type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent FULMER, C. RICHARD, JR. 1410 GRANT ST. HOLLYWOOD FL 33020	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code
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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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		DELETED
TITLE	C	<input type="checkbox"/>
NAME	WALKER, KEN	
STREET ADDRESS	1410 GRANT ST.	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	P	<input type="checkbox"/>
NAME	WALKER, MICHI	
STREET ADDRESS	1410 GRANT ST	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	VP	<input type="checkbox"/>
NAME	WALKER, TEREASA	
STREET ADDRESS	1411 GRANT ST FRONT	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	ST	<input type="checkbox"/>
NAME	WALKER, KEN I	
STREET ADDRESS	1411 GRANT ST.	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	VP	<input type="checkbox"/>
NAME	MILLER, SUE	
STREET ADDRESS	1170 ARTHUR ST	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE	VP	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.2 NAME	WALKER, TERESA		
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE	ST	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.2 NAME	WALKER II, Ken		
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
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)(l), 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: Ken Walker **4-16-97 954 9839401**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)