

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Suzanna B. Mathison
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L82094 (8)

1. Corporation Name
NEW KAWWELL CO.



Principal Place of Business: **C/O DAVID P. GRAHAM, CPA
96 NE FOURTH AVE.
DELRAY BCH, FL 33483
US**

Mailing Address: **C/O DAVID P. GRAHAM, CPA
96 NE FOURTH AVE.
DELRAY BCH, FL 33483
US**

3. Date Incorporated or Qualified 06/19/1990	3a. Date of Last Report 03/02/1995
4. FEI Number 65-0209772	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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

21. Principal Place of Business State, Apt. #, etc.	26. Mailing Address State, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent
**GRAHAM, DAVID P CPA
96 NE FOURTH AVE.
DELRAY BCH, FL 33483**

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	FL
83.	
84. City	

11. Pursuant to the provisions of Sections 607.06(7) and 607.1604, 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 Sections 607.06(7) Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '96
1. TITLE: PTD	1. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME: KAVOORAS, JOHN	2. NAME:
3. STREET ADDRESS: 2601 N. OCEAN BLVD #A	3. STREET ADDRESS:
4. CITY, ST, ZIP: GULFSTREAM FL	4. CITY, ST, ZIP:
5. TITLE: D	5. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME: ASKEW, JEFFREY	6. NAME:
7. STREET ADDRESS: 11956 HEMLOCK ST.	7. STREET ADDRESS:
8. CITY, ST, ZIP: PALM BCH GRDNS FL	8. CITY, ST, ZIP:
9. TITLE: SV	9. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME: HANDLER, KRISTY A	10. NAME:
11. STREET ADDRESS: 2601 N OCEAN BLVD., #A	11. STREET ADDRESS:
12. CITY, ST, ZIP: GULFSTREAM FL	12. CITY, ST, ZIP:
13. TITLE: T	13. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME: KAVOORAS, JAMES N.	14. NAME:
15. STREET ADDRESS: 2601 N. OCEAN BLVD #A	15. STREET ADDRESS:
16. CITY, ST, ZIP: GULFSTREAM FL	16. CITY, ST, ZIP:
17. TITLE: S	17. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME: KAVOORAS, PETER J.	18. NAME:
19. STREET ADDRESS: 2601 N. OCEAN BLVD #A	19. STREET ADDRESS:
20. CITY, ST, ZIP: GULFSTREAM FL	20. CITY, ST, ZIP:
21. TITLE: <input type="checkbox"/> DELETED	21. TITLE:
22. NAME:	22. NAME:
23. STREET ADDRESS:	23. STREET ADDRESS:
24. CITY, ST, ZIP:	24. CITY, ST, ZIP:
25. TITLE: <input type="checkbox"/> DELETED	25. TITLE:
26. NAME:	26. NAME:
27. STREET ADDRESS:	27. STREET ADDRESS:
28. CITY, ST, ZIP:	28. CITY, ST, ZIP:

14. I do hereby certify that the information supplied with this filing is accurate, furnished and does not qualify for the exemption stated in Section 119.07(3)(a), Florida Statutes. I further certify that the information included 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 and am authorized to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 of this report. I am an attorney with an address _____

SIGNATURE: *John P. Kavooras*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JOHN P. KAVOORAS

2/19/96 (407) 276-7468
DATE DAYTIME PHONE

CR2E034 (12/95)