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Jun 18 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N01445 (8)

1. Corporation Name
K C T, INC.



Principal Place of Business 201 S KINGS AVE. P O BOX 1662. BRANDON, FL-342091662 BRANDON FL-33511	Mailing Address 201 S KINGS AVE. P O BOX 1662. BRANDON, FL-342091662 BRANDON FL-33511-0722
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3. Date Incorporated or Qualified 02/15/1984	3a. Date of Last Report 03/25/1996
4. FEI Number 59-2380884	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 21 201 S. Kings AVE Suite, Apt. #, etc. 22 P.O. Box 1662 City & State 23 Brandon, FL Zip 24 33509-1662	2a. Mailing Address 26 P.O. Box 1662 Suite, Apt. #, etc. 27 City & State 28 Brandon, FL Zip 29 33509-1662	Country 25 USA	Country 30 USA
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9. Name and Address of Current Registered Agent

**FLORENCE M OHME
604 LYNCHBURG DR
BRANDON FL 33511**

10. Name and Address of New Registered Agent

81 Name **Mitchell Rodriguez**
82 Street Address (P.O. Box Number is Not Acceptable)
83 **210 BRYAN DAK AVENUE**
84 City **BRANDON** FL 85 Zip Code **33511**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE Mitchell Rodriguez, Collections Officer DATE **4-30-97**

12. OFFICERS AND DIRECTORS

TITLE PD	NAME OHME, FLORENCE	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS 604 LYNCHBURG DRIVE	CITY-ST-ZIP BRANDON FL	
TITLE VD	NAME WILLIAMS, DICK	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS 605 FIELDCREST DR	CITY-ST-ZIP BRANDON FL	
TITLE SD	NAME MCBURNAY, MARYBETH	<input type="checkbox"/> DELETE
STREET ADDRESS 508 OLE PLANTATION DR	CITY-ST-ZIP BRANDON FL	
TITLE TD	NAME RODRIGUEZ, MITCHELL	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS 502 OLE PLANTATION DR.	CITY-ST-ZIP BRANDON FL	
TITLE	NAME	<input type="checkbox"/> DELETE
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> DELETE
STREET ADDRESS	CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME Williams, Dick	
1.3 STREET ADDRESS 605 FIELDCREST DR.	
1.4 CITY-ST-ZIP BRANDON, FL 33511	
2.1 TITLE VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME McBurney, Kathy	
2.3 STREET ADDRESS 508 OLE PLANTATION DR.	
2.4 CITY-ST-ZIP BRANDON, FL 33511	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS → SAME	
3.4 CITY-ST-ZIP	
4.1 TITLE TREASURER	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME Winfield, Janet	
4.3 STREET ADDRESS PO10 BULLARA DR.	
4.4 CITY-ST-ZIP TAMPA, FL 33637	
5.1 TITLE COLLECTIONS OFFICER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME Rodriguez, Mitchell	
5.3 STREET ADDRESS 210 BRYAN DAK AVE	
5.4 CITY-ST-ZIP BRANDON, FL 33511	
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE M. OHME DATE **4-30-97**

CR2E037 (9/96)