

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 10, 1994.
AMOUNT DUE ON OR BEFORE 8/10/94: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

**APPROVED
AND
FILED**

94 JUN 14 AM 10:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

| | |
|--|--|
| CORPORATION ANNUAL REPORT 1994 |  FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State DIVISION OF CORPORATIONS |
|--|--|

DOCUMENT # **P35360** (7)

1. Corporation Name
KINETIC AWARENESS CENTER, INC.

| | |
|--|--|
| Mailing Address 6851 LONGBOAT DR., SOUTH LONGBOAT KEY FL 34228 | Principal Place of Business 6851 LONGBOAT DR., SOUTH LONGBOAT KEY FL 34228 |
|--|--|

If above addresses are incorrect in any way, line through incorrect information and enter correction below

| | |
|---------------------|---------------------------------|
| 2. Mailing Address | 2a. Principal Place of Business |
| 21 | 26 |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| 22 | 27 |
| City & State | City & State |
| 23 | 28 |
| Zip | Country |
| 24 | 25 |
| Zip | Country |
| 29 | 30 |

DO NOT WRITE IN THIS SPACE

| | |
|--|--|
| 3. Date Incorporated or Qualified 09/05/1991 | 3a. Date of Last Report 09/20/1993 |
| 4. FEI Number 13-3378836 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/> | 6. Election Campaign Financing Trust Fund Contribution <input checked="" type="checkbox"/> |
| 7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" 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 | |

9. Name and Address of Current Registered Agent

**ICARD, MERRILL, CULLIS, TIMM, FUREN & GINBURG, P.A.
2033 MAIN ST., STE. 600
SARASOTA FL 34230**

10. Name and Address of New Registered Agent

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

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or 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 607.0505 or 617.0503, Florida Statutes.

SIGNATURE Christopher Caswell (Signature, typed or printed name of registered agent and the filer) DATE 6/19/94

| 12. OFFICERS AND DIRECTORS | | 13. CHANGES TO OFFICERS AND DIRECTORS IN 1994 | |
|----------------------------|-------------------------|---|--|
| 1.1 TITLE | P/D | 1.1 TITLE | |
| 1.2 NAME | SUMMERS, ELAINE | 1.2 NAME | |
| 1.3 STREET ADDRESS | 6851 LONGBOAT DR. SOUTH | 1.3 STREET ADDRESS | |
| 1.4 CITY - ST - ZIP | LONGBOAT KEY FL | 1.4 CITY - ST - ZIP | |
| 2.1 TITLE | V | 2.1 TITLE | |
| 2.2 NAME | JEWETT, FRANK DR. | 2.2 NAME | |
| 2.3 STREET ADDRESS | 26 E. 93RD ST. | 2.3 STREET ADDRESS | |
| 2.4 CITY - ST - ZIP | NY NY | 2.4 CITY - ST - ZIP | |
| 3.1 TITLE | S | 3.1 TITLE | |
| 3.2 NAME | POWELL, ROBIN | 3.2 NAME | |
| 3.3 STREET ADDRESS | 76 ST. MARKS PLACE | 3.3 STREET ADDRESS | |
| 3.4 CITY - ST - ZIP | NY NY | 3.4 CITY - ST - ZIP | |
| 4.1 TITLE | T | 4.1 TITLE | |
| 4.2 NAME | DELLENBAUGH, MEG | 4.2 NAME | |
| 4.3 STREET ADDRESS | 308 W. 30TH ST. | 4.3 STREET ADDRESS | |
| 4.4 CITY - ST - ZIP | NY NY | 4.4 CITY - ST - ZIP | |
| 5.1 TITLE | D | 5.1 TITLE | |
| 5.2 NAME | BOWSER, PEARL | 5.2 NAME | |
| 5.3 STREET ADDRESS | 71 JORALEMON ST. | 5.3 STREET ADDRESS | |
| 5.4 CITY - ST - ZIP | BROOKLYN NY | 5.4 CITY - ST - ZIP | |
| 6.1 TITLE | D | 6.1 TITLE | |
| 6.2 NAME | LEVERONE, BARBARA | 6.2 NAME | |
| 6.3 STREET ADDRESS | 2033 MAIN ST | 6.3 STREET ADDRESS | |
| 6.4 CITY - ST - ZIP | SARASOTA FL | 6.4 CITY - ST - ZIP | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.032(1)(b), 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 the report as required by Chapter 607 or Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if applicable, or as an attachment with an address.

SIGNATURE: Elaine Summers (Signature, typed or printed name of signing officer or director) DATE 6/19/94 (813) 383-8935