

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

98192

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 96 MAR 18 PM 3:16

DOCUMENT # P92000001532 (0)

1. Corporation Name

KATHRYN BROOKS CORPORATION



Principal Place of Business

Mailing Address

1201 HAYS STREET TALLAHASSEE FL 32301

P.O. BOX 5828 TALLAHASSEE FL 32314 US

BK 3/18/96

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

29 Zip

Country

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
11/02/1992

3a. Date of Last Report
02/01/1995

4. FLI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

10. Name and Address of New Registered Agent

**CORPORATION INFORMATION SERVICES INC.
1201 HAYS STREET
TALLAHASSEE FL 32301**

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

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature not needed when not changing)

DATE

12. OFFICERS AND DIRECTORS

TITLE DELETE
NAME **D ROSSER, MARK A**
STREET ADDRESS **1201 HAYS STREET**
CITY- ST- ZIP **TALLAHASSEE FL 32301**

TITLE DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

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CITY- ST- ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY- ST- ZIP

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY- ST- ZIP

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY- ST- ZIP

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY- ST- ZIP

500001747705

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 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-18-96

DATE

DESIGNATION

CR2E034 (12/95)

1201 HAYS STREET
TALLAHASSEE, FL 32301
904-222-9171
904-222-3931 FAX

800-342-8086

98292

P92000001532



ACCOUNT NO. : 072100000032
REFERENCE : 884877 4611651
AUTHORIZATION : *Patricia P...*
COST LIMIT : \$ 200.00

FILED
SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
96 MAR 18 PH 3: 18

ORDER DATE : March 18, 1996

ORDER TIME : 10:45 AM

ORDER NO. : 884877

CUSTOMER NO: 4611651

CUSTOMER:

Cis
1201 Hays Street
Tallahassee, FL 32301

ANNUAL REPORT FILING

NAME: KATHRYN BROOKS CORPORATION

RECEIVED
96 MAR 18 PM 12: 17
DIVISION OF CORPORATIONS

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- _____ CERTIFIED COPY
- XX _____ PLAIN STAMPED COPY
- _____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Carol M. Hensal

EXAMINER'S INITIALS: _____