

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

APPROVED
AND
FILED

97 JAN 21 PM 12:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P92000001532 (0)

1. Corporation Name
KATHRYN BROOKS CORPORATION



Principal Place of Business: 1201 HAYS STREET TALLAHASSEE FL 32301
Mailing Address: P.O. BOX 5828 TALLAHASSEE FL 32314-5828 US

3. Date Incorporated or Qualified: 11/02/1992
3a. Date of Last Report: 03/18/1996
4. FEI Number: 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

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

9. Name and Address of Current Registered Agent
~~CORPORATION INFORMATION SERVICES INC
1201 HAYS STREET
TALLAHASSEE FL 32301~~

10. Name and Address of New Registered Agent
81 Name: Corporation Service Company
82 Street Address (P.O. Box Number is Not Acceptable): 1201 Hays Street
83
84 City: Tallahassee FL 85 Zip Code: 32301

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: *Deborah D. Skipper* Deborah D. Skipper, As Agent
Signature type for principal name of registered agent or principal applicant (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS
TITLE: DELETE
NAME: ROSSEN, MARYK
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:
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: Patricia Pizzuto
1.3 STREET ADDRESS: 1201 Hays Street
1.4 CITY-ST-ZIP: Tallahassee, Florida 32301
2.1 TITLE: Change Addition
2.2 NAME: Judith S. Blancett
2.3 STREET ADDRESS: 1201 Hays Street
2.4 CITY-ST-ZIP: Tallahassee, Florida 32301
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:

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: *Patricia Pizzuto* Patricia Pizzuto, Director (904) 222-9171
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)

A. Alaw
1/27/97



ACCOUNT NO. : 072100000032
 REFERENCE : 228076 84182A
 AUTHORIZATION : *Patricia Pzyur*
 COST LIMIT : \$ 165.00

ORDER DATE : January 20, 1997
 ORDER TIME : 4:22 PM
 ORDER NO. : 228076-005
 CUSTOMER NO: 84182A

700002062977--3

CUSTOMER:
 Kathryn Brooks Corporation
 1201 Hays Street
 Tallahassee, FL 32301

ANNUAL REPORT FILING

NAME: KATHRYN BROOKS CORPORATION

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

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

CONTACT PERSON: Michael E. Klunk

EXAMINER'S INITIALS: *A. Alan*
1/21/97