

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

**APPROVED AND FILED**

1995 MAR 27 AM 11: 32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
ANNUAL REPORT  
1995



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

DOCUMENT # **P94000050792 (8)**

1. Corporation Name  
**KNOT LTD. CO.**

**500001443185**  
-03/29/95--01095--012  
\*\*\*\*200.00 \*\*\*\*200.00  
DO NOT WRITE IN THIS SPACE.

Principal Place of Business      Mailing Address  
**11360 AVERY ROAD      11360 AVERY ROAD**  
**PALM BEACH GARDENS FL 33410      PALM BEACH GARDENS FL 33410**

3. Date Incorporated or Qualified      3a. Date of Last Report  
**07/05/1994**

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

4. FEI Number      Applied For  
**65-050-4108**      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

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**BLADES, JACK**  
**11360 AVERY ROAD**  
**PALM BEACH GARDENS FL 33410**

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

*Jack Blades*

DATE **3/15/95**

**12. OFFICERS AND DIRECTORS**

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

TITLE      NAME      STREET ADDRESS      CITY-ST-ZIP  
**President**      **JACK BLADES**      **11360 AVERY RD PBG FLA 33410**  
TITLE      NAME      STREET ADDRESS      CITY-ST-ZIP  
TITLE      NAME      STREET ADDRESS      CITY-ST-ZIP  
TITLE      NAME      STREET ADDRESS      CITY-ST-ZIP  
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TITLE      NAME      STREET ADDRESS      CITY-ST-ZIP  
TITLE      NAME      STREET ADDRESS      CITY-ST-ZIP

1.1 TITLE      1.2 NAME      1.3 STREET ADDRESS      1.4 CITY-ST-ZIP  
**P, VP, Sec, Treas**      **JACK BLADES**      **11360 AVERY RD, PBG FL 33410**  
2.1 TITLE      2.2 NAME      2.3 STREET ADDRESS      2.4 CITY-ST-ZIP  
3.1 TITLE      3.2 NAME      3.3 STREET ADDRESS      3.4 CITY-ST-ZIP  
4.1 TITLE      4.2 NAME      4.3 STREET ADDRESS      4.4 CITY-ST-ZIP  
5.1 TITLE      5.2 NAME      5.3 STREET ADDRESS      5.4 CITY-ST-ZIP  
6.1 TITLE      6.2 NAME      6.3 STREET ADDRESS      6.4 CITY-ST-ZIP  
*sets 3-27*

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)(b), Florida Statutes. I further certify that the information indicated in the 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 007, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an affidavit.

SIGNATURE:

*Jack Blades*

DATE **3/5/95**      **407 625-6289**