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FILED
May 05 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P94000051413 (0)

1. Corporation Name
KNOLYS JOHNSON, INC.



Principal Place of Business
400 S. FEDERAL HWY.
#412
BOYNTON BEACH FL 33435

Mailing Address
400 S. FEDERAL HWY.
#412
BOYNTON BEACH FL 33435-4837

3. Date Incorporated or Qualified: 07/07/1994
3a. Date of Last Report: 05/01/1996
4. FEI Number: 65-0511166
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
21 705 NE 7th AVE
22 Suite, Apt #, etc.
23 City & State: BOYNTON BCH, FL
24 Zip: 33435
25 Country
2a. Mailing Address
26 701 NE 7th AVE
27 Suite, Apt #, etc.
28 City & State: BOYNTON BCH, FL
29 Zip: 33435
30 Country

9. Name and Address of Current Registered Agent
JOHNSON, KNOLYS
701 NE 7TH AVENUE
BOYNTON BEACH FL 33435
10. Name and Address of New Registered Agent
B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City
B5 Zip Code: FL

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: P	JOHNSON, KNOLYS 400 S. FEDERAL HWY. #412 BOYNTON BEACH FL 33435	1.1 TITLE	
NAME: JOHNSON, KNOLYS		1.2 NAME	
STREET ADDRESS: 400 S. FEDERAL HWY. #412		1.3 STREET ADDRESS	
CITY - ST - ZIP: BOYNTON BEACH FL 33435		1.4 CITY - ST - ZIP	
TITLE: VP	VICTORIA JOHNSON →	2.1 TITLE	VICTORIA JOHNSON
NAME: VICTORIA JOHNSON		2.2 NAME	VICTORIA JOHNSON
STREET ADDRESS: oops!		2.3 STREET ADDRESS	701 NE 7th AVE
CITY - ST - ZIP: BOYNTON BEACH FL 33435		2.4 CITY - ST - ZIP	BOYNTON BCH, FL 33435
TITLE: S	WESLEY CADET →	3.1 TITLE	WESLEY CADET
NAME: WESLEY CADET		3.2 NAME	WESLEY CADET
STREET ADDRESS:		3.3 STREET ADDRESS	2103 NE 2nd CT.
CITY - ST - ZIP:		3.4 CITY - ST - ZIP	BOYNTON BCH, FL 33435
TITLE: T	DELROY JOHNSON →	4.1 TITLE	DELROY JOHNSON
NAME: DELROY JOHNSON		4.2 NAME	DELROY JOHNSON
STREET ADDRESS:		4.3 STREET ADDRESS	701 NE 7th AVE
CITY - ST - ZIP:		4.4 CITY - ST - ZIP	BOYNTON BCH, FL 33435
TITLE:		5.1 TITLE	
NAME:		5.2 NAME	
STREET ADDRESS:		5.3 STREET ADDRESS	
CITY - ST - ZIP:		5.4 CITY - ST - ZIP	
TITLE:		6.1 TITLE	
NAME:		6.2 NAME	
STREET ADDRESS:		6.3 STREET ADDRESS	
CITY - ST - ZIP:		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: Knolys Johnson Pres 4/27/97 561 736 8680
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)