

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

FILED  
Apr 29 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000051413 (0)  
1. Corporation Name  
**KNOLYS JOHNSON, INC.**



Principal Place of Business <b>705 N.E. 7TH AVE.</b> <del>412</del> <b>BOYNTON BEACH FL 33435</b> US	Mailing Address <b>701 N.E. 7TH AVE.</b> <del>412</del> <b>BOYNTON BEACH FL 33435</b> US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>3000 HIGH RIDGE RD</b> Suite, Apt. #, etc. 22 <b>Bay # 16</b> City & State 23 <b>BOYNTON BCH, FL</b> Zip 24 <b>33426</b>	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30
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3. Date Incorporated or Qualified <b>07/07/1994</b>	4. FEI Number <b>65-0511166</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

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  
81 Name **same**  
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>JOHNSON, KNOLYS</b>	
STREET ADDRESS	<b>400 S. FEDERAL HWY. #412</b>	
CITY-ST-ZIP	<b>BOYNTON BEACH FL 33435</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> DELETE
NAME	<b>JOHNSON, VICTORIA</b>	
STREET ADDRESS	<b>701 N.E. 7 AVE.</b>	
CITY-ST-ZIP	<b>BOYNTON BEACH FL</b>	
TITLE	<b>S</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>CADET, WESLEY</b>	
STREET ADDRESS	<b>2103 N.E. 2ND CT.</b>	
CITY-ST-ZIP	<b>BOYNTON BEACH FL</b>	
TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>JOHNSON, DELROY</b>	
STREET ADDRESS	<b>701 N.E. T AVE.</b>	
CITY-ST-ZIP	<b>BOYNTON BEACH FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>KNOLYS JOHNSON</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>3000 HIGH RIDGE RD #16</b>	
1.3 STREET ADDRESS	<b>BOYNTON BCH 33426</b>	
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	<b>SECRETARY</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>VICTORIA JOHNSON</b>	
3.3 STREET ADDRESS	<b>701 NE T AVE</b>	
3.4 CITY-ST-ZIP	<b>BOYNTON BCH, FL 33435</b>	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I 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* 4/15/98

CR2E034 (10/97)