

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P95000067987 (4)**

1. Corporation Name

KM ENTERPRISES OF SARASOTA, INC.



Principal Place of Business

**46 NORTH WASHINGTON BLVD. #1
SARASOTA FL 34236**

Mailing Address

**46 NORTH WASHINGTON BLVD. #1
SARASOTA FL 34236**

3. Date Incorporated or Qualified

08/30/1995

3a. Date of Last Report

N/A

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

9. Name and Address of Current Registered Agent

**WEINER, NEVIN A
46 NORTH WASHINGTON BLVD. #1
SARASOTA FL 34236**

4. FEI Number

65-0616474

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

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 registrant, agent and director)

Date (typed or printed name of registrant, agent and director)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	WEINER, NEVIN A	
STREET ADDRESS	46 NORTH WASHINGTON BLVD. #1	
CITY- ST- ZIP	SARASOTA FL 34236	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
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. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME		
3. STREET ADDRESS		
4. CITY- ST- ZIP		
1. TITLE	D, P, S	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	O'NEIL, KEVIN	
3. STREET ADDRESS	3920 BEE RIDGE ROAD, #M	
4. CITY- ST- ZIP	SARASOTA FL 34233	
1. TITLE	D, VP, T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	O'NEIL, MARYROSE	
3. STREET ADDRESS	3920 BEE RIDGE ROAD, #M	
4. CITY- ST- ZIP	SARASOTA FL 34233	
1. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME		
3. STREET ADDRESS		
4. CITY- ST- ZIP		
1. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME		
3. STREET ADDRESS		
4. CITY- ST- ZIP		
1. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME		
3. STREET ADDRESS		
4. CITY- ST- ZIP		

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: *Kevin O'Neil*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
KEVIN O'NEIL, PRESIDENT

(941) 923-7146

CR2E034 (12/95)