

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **S20393** (2)

1. Corporation Name
KISS MANAGEMENT, INC.



Principal Place of Business: 11963 INDIAN ROCKS RAD LARGO FL 34644-3214
Mailing Address: ~~11963 INDIAN ROCKS RAD LARGO FL 34644-3214~~
Checker's Osceola County
1304 N. Bay Street
Kissimmee, FL 34744

2. Principal Place of Business
21 280 Vine Street
22 Suite, Apt. #, etc.
23 City & State: Kissimmee, FL
24 Zip: 34741
25 Country
2a. Mailing Address
26 1304 North Bay Street
27 Suite, Apt. #, etc.
28 City & State: Kissimmee, FL
29 Zip: 34744
30 Country

3. Date Incorporated or Qualified: 12/21/1990
3a. Date of Last Report: 01/31/1995
4. FEI Number: 59-3054944
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

HAYES, GEORGE L. III
696 1ST AVENUE NORTH
SUITE 303
ST. PETERSBURG FL 33701

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 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

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

| 12. OFFICERS AND DIRECTORS | | |
|----------------------------|------------------------|---------------------------------|
| TITLE | PD | <input type="checkbox"/> DELETE |
| NAME | YOUNESS, DANIEL W. | |
| STREET ADDRESS | 11963 INDIAN ROCKS RD. | |
| CITY- ST- ZIP | LARGO FL | |
| TITLE | ST | <input type="checkbox"/> DELETE |
| NAME | YOUNESS, DANIEL W. | |
| STREET ADDRESS | 11963 INDIAN ROCKS RD. | |
| CITY- ST- ZIP | LARGO FL | |
| 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 | | |
|---|--------------------|--|
| 1.1 TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | YOUNESS, DANIEL W. | |
| 1.3 STREET ADDRESS | 13000 PARK BLVD. | |
| 1.4 CITY- ST- ZIP | SEMINOLE, FL 34646 | |
| 2.1 TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | YOUNESS, DANIEL W. | |
| 2.3 STREET ADDRESS | 13000 PARK BLVD. | |
| 2.4 CITY- ST- ZIP | SEMINOLE, FL 34646 | |
| 3.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | | |
| 3.3 STREET ADDRESS | | |
| 3.4 CITY- ST- ZIP | | |
| 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 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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/96
407
347-2852
DATE: 3/20/96 DAYTIME PHONE: 347-2852

CR2E034 (12/95)