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

CORPORATION
ANNUAL REPORT
**1995**

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

APPROVED
AND
FILED

'95 MAY -1 AM 8:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V41723** **(0)**

1. Corporation Name
**2KS DEVELOPMENT CO., INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 13198 FOREST HILL BLVD<br>WES PALM BCH FL 33414<br>US | 44-16TH ST<br>WHEELING WV 26003<br>US |

DO NOT WRITE IN THIS SPACE

| | |
|---|---|
| 3. Date Incorporated or Qualified<br>**06/05/1992** | 3a. Date of Last Report<br>**04/29/1994** |
| 4. FEI Number<br>**65-0342723** | Applied For<br>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. [illegible] Florida Statutes ☐ Yes ☐ No | |

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 | 26 |
| Suite, Apt. #, etc.<br>22 | Suite, Apt. #, etc.<br>27 |
| City & State<br>23 | City & State<br>28 |
| Zip: 24 — County: 25 | Zip: 29 — Country: 30 |

| 9. Name and Address of Current Registered Agent | 10. Name and Address of New Registered Agent |
|---|---|
| MCLAUGHLIN, R C<br>13198 FOREST HILL BLVD<br>WEST PALM BCH FL 33414 | 81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>84 City **FL** 85 Zip Code |

11. Pursuant to the provisions of Section 607.[illegible] and (2), 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. The 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.[illegible], Florida Statutes.

SIGNATURE

| 12. OFFICER AND DIRECTORS | | 13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN '[illegible] |
|---|---|---|
| TITLE | PD | ☐ Change ☐ Addition |
| NAME | STRAUB, GLENN E | |
| STREET ADDRESS | 2000 HYCROFT AVE. | |
| CITY, ST, ZIP | PITTSBURGH PA | |
| TITLE | T | ☐ Change ☐ Addition |
| NAME | SKINNER, HAROLD | |
| STREET ADDRESS | 126 WESTGATE DR. | |
| CITY, ST, ZIP | WHEELING WV | |
| TITLE | S | ☐ Change ☐ Addition |
| NAME | SAMOL, ROGERT J | |
| STREET ADDRESS | 204 BETTY ST. | |
| CITY, ST, ZIP | WHEELING WV | |
| TITLE | | ☐ Change ☐ Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY, ST, ZIP | | |
| TITLE | | ☐ Change ☐ Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY, ST, ZIP | | |
| TITLE | | ☐ Change ☐ Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY, ST, ZIP | | |

14. I do hereby certify that the information supplied with this filing complies with the requirements of 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 added to the report with an address.

**SIGNATURE:** [signature] HAROLD SKINNER TREASURER 4/27/95

SIGNATURE AND TITLE OR PRINTED NAME OF MANAGING OFFICER OR AGENT — Date

0485115 FN