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PROFIT CORPORATION ANNUAL REPORT

1997

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

FILED

May 14 1997 8:00am

Secretary of State

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Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V41723

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2KS MANAGEMENT CO., INC.

Deinain al Diag		14.00										
Principal Place of Businoss Mailing Address								, ,,,,,)II B IBII BII	TIE BIBN MINN	81011 1011	
13198 FOREST	HILL ROAD EACH FL 33414	44-16TH ST WHEELING WV 26003-366	44-16TH ST									
US	LINGISTE SOVIT	US	•									
							3. Date Incorporated or Qualific	ed	3a. Da	te of Last F	teport	
							06/05/1992		04/2	3/1996		
	lace of Business	— ° <i>t</i>	2a. Mailing Address				4. FEI Number			Ar	pplied For	
21 //80 Suite, Apt.	9 Poro Cino ROAD	26 56.290 Dices Borrom					65-0342723				ot Applicable	
— ''	ਜ, ਚtc.	Suite, Apt. #, etc.					5. Certificate of Status Desired			,	Additional	
22 27 City & State City & State											equired	
	PALM BOACH, FL	28 SHADYSIDE, OH					6. Election Campaign Financing Trust Fund Contribution	lection Campaign Financing \$5.00 May Be rust Fund Contribution Added to Fees				
Zip Country 24 33414 25 US		Zip Country					8. This corporation has liability					
24 3341	4 25 US	29 43947	30	US	•		Florida Statutes	- Contract	Yes [_	i. 100.00£.	
	9. Name and Address of Currer	nt Registered Agent					10, Name and Address of New	Regi	stered A	gent		
MCL	AUGHLIN, R C			81	Nan	D	v Snow					
13198 FOREST HILL BLVD				82 Street Addr			is (P.Ω. Box Number is Not Accei	otable	.)			
WES	T PALM BCH FL 33414		//80				POLO CLUB ROAL	2	·			
				83								
				84	City	\overline{D}	^ -			85 Zip	Code	
44 6						NEST	PALM BEACH		FL.	1 3.3	2414	
office or r	to the provisions of Sections 607.050 egistered agent, or help, in the State)2 and 607.1508, Florida Statu ⊧of Florida Such change was	tes, tha authori	e above ized by	e-name / the c	ed corpor orporation	ation submits this statement for the statement for the statement of directors. I bereby ac	he pur X:ent	pose of the	changing it sintment as	ts registered	
agent. I a	egistered agent, or tretti, in the State in familiar with, and accept the oblig	ation of Section 607,0505, FI	lorida S	Statutes	S.		//	1/	1011	10	J. S.	
SIGNATURE	Signature, typed or printed name of legiste to again	}				, ₂	·····	10	0/0	//		
12.		D DIRECTORS		3.	nt signal	rate tednied	wt-cn reinstating) ADDITIONS/CHANGES TO 01	FEICE	BS AND	DIRECTOR	3S IN 12	
TITLE	PD	DELFIE		.1 7171.18			NOBINONO/OFICINGEO TO OF	TIOL		Change	Addition	
NAME	STRAUB, GLENN E	 .		2 NAME		ļ			•			
STREET ADDRESS	11809 POLO CLUB RD		1.	3 STREET	ADURES	s						
CITY-ST-ZIP	WELLINGTON FL		1.	1.4 CITY - ST		Ì						
TITLE	T	☐ DELETE	2.1 TITLE							Change	Addition .	
NAME	SKINNER, HAROLD		2.	2 NAME								
STREET ADDRESS	11809 POLO CLUB RD		2.	3 STREET	ADDRES	s						
CITY-ST-ZIP	WELLINGTON FL		2	4 CHY- S	81 - ZIP							
TITLE	S	DELETE	3	1 THLE						Change	☐ Addition	
NAME	SAMOL, ROGERT J		33	2 NAME								
STREET ADDRESS	204 BETTY ST.		3 3 STREE		ADDRES	s						
CITY-ST-ZIP	WHEELING WV			4. DITY-S	ST-ZIP							
TITLE	• •	☐ DELETE		1 TITLE					l	Change	☐ Addition	
NAME				2 NAME								
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NAME		- Decret		1 TITLE 2 NAME					į.	Change	☐ Addition	
STREET ADDRESS			•	2 NAME 3 STREET	ADDDEC							
CITY-ST-ZIP			1									
TITLE		DELETE	5.4 CHY+5 6 1 TULE		1.411					Change	Addition	
NAME				2 NAME						- Guango	, .comon	
STREET ADDRESS				3 STREET	ADDRESS	s						
CITY-ST-ZIP			6	4 CITY - ST	T - ZIP							
14. I do heret	by certify that the information supplied	d with this filing does not quali	fy far (n exe	mption	stated in	Section 119.07(3)(i), Florida Stat	tutes.	l further	certify that	the	
intormatio I a m an ol	oy certify that the information supplie in indicated on this annual report or s flicer or director of the corporation or in Block 12 or Block 13 if changed of	suppremental annual report is i The receiver or trustee princov	irug Jan voj da	accu Oukou	irate ai ulo lhi:	nd that m s report a	y signature shall have the same I s required by Chapter 607. Florid	egal e la Stat	ffect as i	if made und d that my r	der oath; that name	
appears i	n Block 12 or Block 13 if changed of	in an attachme i will an ad	dr/is			,	.17	T	,	1		