COF ANNI	PROFIT RPORATION JAL REPORT 1996		San So	NEPARTMENT OF STATE Idea B. Mortham Cretary of State FOR CORPORATIONS			
. Corporation	MENT # Name KEHOUSE INC	256624	(8))			
Principal Place	of Business		Mailing Address				
SMOKEHOL 519 CENTR APOPKA FL US	AL AVENUE		SMOKEHOUSE. IN 519 CENTRAL AVI APOPKA FL 32700 US	ENUE	Date Incorporated or Qualified	3a. Date of Last Rep	part
. Principal Pla	ace of Business		2a. Mailing Address		03/05/1962	05/23/19	95
1			26. Walling Address		4. FEI Number 59-0965191		oplied For ot Applicable
Suite, Apt. :	#, etc.		Suite, Apt #, etc.		5. Certificate of Status Desired	\$8.75	Additional
City & State	3		City & State		6. Election Campaign Financing	\$5.00	aquired May Be
Zip	Cour		Z(p)	Country	Trust Fund Contribution	Added	to Fees
	25 25	ress of Current Re	:9	30	8. This corporation has liability for Florida Statutes 10. Name and Address of New R	□No	99.032,
160 E. APOPK	WELDER, DAVID FIRST ST. A FL 32703 o the provisions of Sex	tions 607 0502 and	607 1508 Florida Storida	83 84 City	dress (P.O. Box Number is Not Acceptab	FL 85 Zp	Code
1. Pursuant to or registers familiar with	FIRST ST. A FL 32703 of the provisions of Second agent, or both, in the highest respect the obligions.	gations of, Section 6	07.0505, Florida Statul Francisco	84 City tutes, the above named corporated by the corporation's boates.	oration submits this slatement for the pur and of directors. I hereby accept the appo	PL 85 Zip of pose of changing its registered a	istered office gent. I am
160 E. APOPK Pursuant to or registers familiar with	FIRST ST. A FL 32703 of the provisions of Second agent, or both, in the high and accept the obligibilities spectorize technical second polymers.	gations of, Section 6 1. Cognition sign (and the OFFICERS AND DIF	07.0505, Florida Statul Francisco	83 84 City tutes, the above named corporated by the corporation's boates.	oration submits this statement for the pur and of directors. Thereby accept the appo	PL 85 Zip 0 pose of changing its region the state of the	istered office gent. I am
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SIGNATURE: