

**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 # 285144 (2)

1. Corporation Name  
**K. F. PROPERTIES, INC.**



Principal Place of Business Mailing Address  
~~2521 CLARK RD. TAMPA FL 33618~~ **201 W. LAUREL ST. #403 33602**  
~~2521 CLARK RD. TAMPA FL 33618~~ **SAME**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 <b>201 W. LAUREL ST. #403</b>		21 <b>201 W. LAUREL ST. #403</b>		09/18/1964		05/01/1995	
22 Sute, Apt. #, etc. <b>UNIT #403</b>		22 Suite <b>K. F. Properties, Inc. 201 W. Laurel St. #403 Tampa FL 33602-2935</b>		4. FEI Number <b>59-1058201</b>		Applied For <input type="checkbox"/> Not Applicable	
23 City & State <b>TAMPA, FL.</b>		23 City <b>Tampa</b>		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
24 Zip <b>33602</b>		24 Zip <b>33602</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
25 Country		25 Country		8. This corporation has liability for intangible tax under Florida Statutes <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No		199.032 <b>WHAT'S 199.032?</b>	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>FOSTER, KENTON D</b> <del>2521 CLARK RD TAMPA FL 33618</del> <b>201 W. LAUREL ST. #403 33602</b>				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City <b>FL</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FOSTER, KENTON D</b>	1.2 NAME	
STREET ADDRESS	<del>2521 CLARK RD</del> <b>201 W. LAUREL, #403</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TAMPA FL 33602</b>	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FOSTER, BRIGDON K.</b>	2.2 NAME	
STREET ADDRESS	<del>2521 CLARK RD</del> <b>201 W. LAUREL, #403</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TAMPA FL 33602</b>	2.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FOSTER, JO ANN</b>	3.2 NAME	
STREET ADDRESS	<del>2521 CLARK RD</del> <b>201 W. LAUREL, #403</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TAMPA FL 33602</b>	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *Kenton D Foster* **KENTON D FOSTER** 4-18-96 813-229-8112  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)