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Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 292634 (3)

1. Corporation Name
K.M.C., INC.



Principal Place of Business
2045 N.W. 1ST PLACE
BOCA RATON FL 33431-7496

Mailing Address
2045 N.W. 1ST PLACE
BOCA RATON FL 33431-7415

3. Date Incorporated or Qualified 05/06/1965
3a. Date of Last Report 04/28/1996

2. Principal Place of Business
21 2515 Greenbriar Dr
Suite, Apt. #, etc.

2a. Mailing Address
26 2515 Greenbriar Dr
Suite, Apt. #, etc.

4. FEI Number 59-1096878
Applied For Not Applicable

22 City & State
23 Delray Bch FL

27 City & State
28 Delray Beach FL

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

24 33445 25 USA
29 33445 30 USA

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
CURRY, LEON
2045 N.W. 1ST PLACE
BOCA RATON FL 33431

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
2515 Greenbriar Dr
83 Delray Beach
84 City
FL 85 Zip Code 33445

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 reinstating) DATE

12. OFFICERS AND DIRECTORS
TITLE SVD
NAME CURRY, KAREN
STREET ADDRESS 2045 NW 1ST PL 2515 Greenbriar Dr
CITY-ST-ZIP BOCA RATON FL 33431-7496 Delray Bch FL 33445
TITLE PTD
NAME CURRY, LEON
STREET ADDRESS 2045 NW 1ST PL 2515 Greenbriar Dr
CITY-ST-ZIP BOCA RATON FL 33431-7496 Delray Bch FL 33445
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
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CITY-ST-ZIP
TITLE
NAME
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CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in 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 on an attachment with an address.

SIGNATURE: Leon Curry
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
3-14-97 561-3927450
Date Daytime Phone

CR2E034 (9/96)