

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 297588 (6)
1. Corporation Name
KON SALES, INC.



Principal Place of Business
**3601 CYPRESS GARDENS RD
F
WINTER HAVEN FL 33884
US**

Mailing Address
**3601 CYPRESS GARDENS RD
F
WINTER HAVEN FL 33884
US**

3. Date Incorporated or Qualified
10/12/1965

3a. Date of Last Report
05/01/1995

21	201 PAINE DR	26	201 PAINE DR
22	City & State WINTER HAVEN, FL	27	City & State WINTER HAVEN, FL
23	Zip 33884	28	Country POLK
24	29	30	Country POLK

4. FEI Number
59-1107544

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. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

**KONDOR, JAMES O
1308 LAKE MIRROR TERR., N.W
WINTER HAVEN FL 33881**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 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

Signature, typed or printed, then e-mail of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1 1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KONDOR, JAMES O	1 2 NAME	
STREET ADDRESS	1308 LAKE MIRROR TERR NW	1 3 STREET ADDRESS	
CITY - ST - ZIP	WINTER HAVEN FL	1 4 CITY - ST - ZIP	33881
TITLE	ST	2 1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KONDOR, THOMAS E.	2 2 NAME	
STREET ADDRESS	201 PAINE DRIVE, S.E.	2 3 STREET ADDRESS	
CITY - ST - ZIP	WINTER HAVEN FL	2 4 CITY - ST - ZIP	33884
TITLE	D	3 1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KONDOR, THOMAS E	3 2 NAME	
STREET ADDRESS	201 PAINE DRIVE S.E.	3 3 STREET ADDRESS	
CITY - ST - ZIP	WINTER HAVEN FL	3 4 CITY - ST - ZIP	33884
TITLE		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		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		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: *Thomas E Kondor* **2-28-96** **941-824-8274**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)