

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 17 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **380439** (0)
1. Corporation Name
KEVORKIAN ENTERPRISES, INC.



Principal Place of Business 3200 PALM AVE HIALEAH FL 33012	Mailing Address 3200 PALM AVE HIALEAH FL 33012-5428
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/15/1971	3a. Date of Last Report 04/16/1996
21 Suite, Apt. #, etc.	22 City & State	23 Zip	24 Country	4. FEI Number 59-1349061	Applied For ☐ Not Applicable
25	26	27	28	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
29				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent KEVORKIAN, VIRGINIA 19831 E.OAKMONT DR. MIAMI FL 33015		10. Name and Address of New Registered Agent	
81 Name		82 Street Address (P.O. Box Number is Not Acceptable)	
83		84 City	
85 Zip Code		FL	

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 reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD KEVORKIAN, VIRGINIA ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	3200 PALM AVE	1.2 NAME	
STREET ADDRESS	HIALEAH FL	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VD KEVORKIAN, VALERIE ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	3200 PALM AVE	2.2 NAME	
STREET ADDRESS	HIALEAH FL	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	TD KEVORKIAN, MICHELE ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	3200 PALM AVE	3.2 NAME	
STREET ADDRESS	HIALEAH FL	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	VD KEVORKIAN, STEPHANIE ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	3200 PALM AVE	4.2 NAME	
STREET ADDRESS	HIALEAH FL	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ 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 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, 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: Valerie Kevorkian 4-9-97 (305) 887-8726
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034 (9/96)