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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 380439  1. Corporation Name  KEVORKIAN ENTERPRISES, INC.  Principal Place of Business  Mailing Address  3200 PALM AVE HALEAH FL 33012					
					3a. Date of Last Report
Principal	Place of Business	28. Mailing Address	·	04/15/1971 4. FEI Number	04/16/1996 Applied For
		26	····	59-1349061	Not Applical
- Suito, <b>A</b> pi	t #, ctc	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
L City & Sta	ale	City & State		6. Election Campaign Financing	\$5.00 May Be
		28			Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for inta	
	9. Name and Address	29 of Current Registered Agent	30	Florida Statutes 10. Name and Address of New Regis	res No
KΕ\	VORKIAN, VIRGINIA		81 Name		
	31 E.OAKMONT DR.		82 Street Add	dress (P.O. Box Number is Not Acceptable)	······································
MIA	MI FL 33015		83		
		•	[03]		
			84 City		FL 85 Zip Code
1. Pursuan office or	nt to the provisions of Section registered agent or both, in am familiar with and accep-	ns 607.0502 and 607.1508, Florida Stain the State of Florida. Such change wall the obligations of Section 607.0505.	tutes, the above-named cors authorized by the corpora Florida Statutes.	rporation submits this statement for the purpation's board of directors. I hereby accept the	pose of changing its register he appointment as registered
GNATURE	Signarule typed ar printed name of	regimered agent and tilloid applicable (N	OTE: Registered Agent signature requ		DATE
GNATURE	Signarule typed ar printed name of				DATE
GNATURE L	Signature typisid or prantica name of OFF PD KEVORKIAN, VIRGINIA	registered agent and title if applicable (N ICERS AND DIRECTORS	OTE: Registered Agent signature requ	uired when reinstating)	DATE RS AND DIRECTORS IN 12
ignature <b>2.</b> Ilf	PD KEVORKIAN, VIRGINIA 3200 PALM AVE	registered agent and title if applicable (N ICERS AND DIRECTORS	OTE: Registered Agent signature requirements and the second secon	uired when reinstating)	DATE RS AND DIRECTORS IN 12
GNATURE LE ME HELLADORESS Y ST-ZP	Signature typical or pratice frame of OFF PD KEVORKIAN, VIRGINIA 3200 PALM AVE HIALEAH FL	regions of agen and blind applicable (N ICE RS AND DIRECTORS	TIS. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	uired when reinstating)	DATE RS AND DIRECTORS IN 12 Change Addit
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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-9-97 *(305)* 887-872

**FILED** 

Apr 17 1997 8:00am

Secretary of State

Daytime Phote: #