
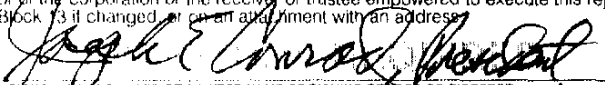


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Jan 29 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 452672 (9) 1. Corporation Name T & K ASSOCIATES, INC.					
Principal Place of Business ORTEGA STATION P. O. BOX 12 JACKSONVILLE FL 32210			Mailing Address ORTEGA STATION P. O. BOX 12 JACKSONVILLE FL 32210-0012		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/08/1974	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		3a. Date of Last Report 02/13/1996	
22 City & State		27 City & State		4. FEI Number 59-1672680	
23 Zip		28 Zip		Applied For <input type="checkbox"/> Not Applicable	
24 Country		29 Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
25		30		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent CONRAD, JOSEPH E. ORTEGA STATION, P.O. BOX 12 JACKSONVILLE FL 32210				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 _____ (NOTE: Registered Agent's signature required when reinstating) _____ DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE	P <input type="checkbox"/> DELETE				
NAME	CONRAD, JOSEPH E.				
STREET ADDRESS	5 SYLVAN LAKE DR				
CITY - ST - ZIP	COVINGTON KY				
TITLE	V <input type="checkbox"/> DELETE				
NAME	NIKAS, JILL C.				
STREET ADDRESS	62 HAMPTON TOWN EST.				
CITY - ST - ZIP	HAMPTON NH				
TITLE	ST <input type="checkbox"/> DELETE				
NAME	NEWTON, SUSAN C				
STREET ADDRESS	112 NO HAVEN DR				
CITY - ST - ZIP	CHAPEL HILL NC				
TITLE	V <input type="checkbox"/> DELETE				
NAME	CONRAD, CLAYTON R.				
STREET ADDRESS	405 WESTWOOD DR				
CITY - ST - ZIP	CHAPEL HILL NC				
TITLE	<input type="checkbox"/> DELETE				
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
TITLE	<input type="checkbox"/> DELETE				
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY - ST - ZIP					
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY - ST - ZIP					
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY - ST - ZIP					
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY - ST - ZIP					
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY - ST - ZIP					
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
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 even appointment with an address.					
SIGNATURE:  1/20/97 606-356-3428 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR JOSEPH E. CONRAD Daytime Phone # 0032910					

CR2E034 (9/96)