SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # 497338 (4)

I.K.S., INCORPORATED

FILED

Secretary of State

Aug 12 1996 8:00 am

Principal Pia	ice of Business	Mailing Address				s conser activa i distri vardod trupo dicina vana Bridat didati didati diditi diditi diditi (DDI			
800-19 NEW LOUDON ROAD P.O. BOX 639 LATHAM NY 12110		800-19 NEW LOUDON ROAD P.O. BOX 639 LATHAM NY 12110				******			
						3. Date Incorporated or Qualified 02/24/1976		ate of Last Rep /01/1995	ort
2. Principal Place of Business 2a. Mailing Address 25			SS	·		4. FEI Number 59-1652723	Applied For Not Applicable		
Suite, Apl		Suite, Apt. #. e	Suite, Apt. #. etc. 27			5. Certificate of Status Desired \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees			
City & Sta 23		City & State 28							
Zip 24	Country 25	Zip 29	30	ountry		This corporation has liability for Florida Statutes	intangibie Yes 🌠		99 032
	9. Name and Address of Curr	ent Registered Agent		<u> </u>		10. Name and Address of New Re	gistered /	Agent	
RL	UBINO, NICHOLAS J. ESQ.			81	Name				
C/O WHEELER AND DEGRAW 1560 ORANGE AVENUE, STE 503				82	Street Ado	dress (P.O. Box Number is Not Acceptab	le)		
	RLANDO FL 32789	,		83					
_				84	City		FL	85 Zip Co	ide
SIGNATURE	Storiature Typical or perded many intro-parency of	egent and the Papple above	(r.O% 8r.389		r Esignature redu	ADDITIONS/CHANGES TO OFFIC	CAS AND	DIRECTORS	
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14. I do hereby cert fy that the information supplied with this fining 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 cath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and the corporation of . position or the receiver or trustee em or on an alrachment with an address that my name appears in Block 12 or Block 13 thanged

61 III.£

6.2 NAME

SIGNATURE:

COLY - ST - ZIP

STREET ADDRESS

HILE

NAME

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DÉLETE

518.785-6633

____ Change ____ Addition