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 # 499198

(0)

FILED Apr 17 1997 8:00am Secretary of State

KAKYJO	HN, INC												
Principa! Plac	e of Busines	SS	М	ailing Address					- 1 100 111 01010 10118 10181 11010 10101 1011	BIBIR BIBR BII	SKI DIBIH BIBI	il e ibil 1661	
8232 FISHHAWK AVENUE 8232 FISHHAWK AVEN NEW PORT RICHEY FL 34653 NEW PORT RICHEY FL													
									3. Date Incorporated or Qualified 03/11/1976		te of Last 1/1996	Report	
2. Principal Place of Business				2a. Mailing Address					4. FEI Number	and now arises the sec		Applied For	
21				26					59-1652788	Not Applicable			
Suite, Apt. #, etc.				Suite, Apt. #, etc.					5. Certificate of Status Desired		\$8.75 Additional Fee Required		
City & State				City & State					6. Election Campaign Financing			May Be	
23			28	the second control of					Trust Fund Contribution			d to Fees	
Zip	Country			Zφ	}				8. This corporation has liability for	intangible t	ax under	s. 199.032,	
24	25 9. Name and Address of Current			29 30					Florida Stalutes				
CDC			ii iiogia	torea Agont		81	Nam	ie	10, Name and Address of New York	giotorou	gon		
FRENETTE, JOHN R. 8232 FISHHAWK AVE. NEW PORT RICHEY FL 34653						82		reet Address (P.O. Box Number is Not Acceptable)					-
						83							
						84	City			FL	85 Zir	Code	
11. Pursuant	to the provis	sions of Sections 607.050	12 and 6	07.1508, Florida Statut	es, the a	bove	-name	ed corpo	oration submits this statement for the p		 changing	its registered	i
office or re agent. I a	egisterod ag m familiar w	gent, or both, in the State vith, and accept the oblig	of Flori ations o	da. Such change was : f, Section 607,0505, Fli	authorize orida Sta	d by tutes	the c	orporatio	oration submits this statement for the pon's board of directors. I hereby acceptions	ot the appo	inlment a	s registered	
SIGNATURE	Stonature types	d or printed name of registered agr	ent aud tille	it epulicable (NOI	i Registere	d Ane	n sional	re require:	d when reinstating)	DATE			
12.	5 5 6 6 7 7 7 7 7 7 7 7 7 7	OFFICERS AN			13.				ADDITIONS/CHANGES TO OFFIC		DIRECTO	PS IN 12	9
TITLE	Р			DELETE	1.11	IILE	* *	1			Change	Addition	1 §
NAME					1.2 NAME								12
STREET ADDRESS 8232 FISHHAWK AVE.					1.3 STREET ADDRESS			s					ĮŠ.
CITY-ST-ZIP							1 - ZIP						
TITLE	ST			□ DELETE 2.1			2.1 TITLE				Change	Addition	۱۱۲
NAME	FRENETTE, KATHY			2.2 N				-					
STREET ADDRESS		HHAWK AVE.			2.3 S	TREET	ADDRES	s					
CITY-ST-ZIP	NEW PO	RT RICEY FL				11Y - S	ST - ZIP			 -	—		
TITLE							3.1 TITLE 3.2 NAME			,	Change	Addition	Ì
NAME							100						
STREET ADDRESS							ADDRES	5					
CITY-ST-ZIP TITLE				DELETE	3.4. C	IIY-S	SI - ZIP				Change	Addition	
						IAME				'	Orange		Ή.
NAME OXDEST ADDRESS							ADDRES:						
STREET ADDRESS						INEE I		`					
CITY-ST-ZIP TITLE	·····			DELETE	5.1 1		1-21				Change	Addition	0
NAME					5.2 N					•		Barrier - Taractor (1971)	
STREET ADDRESS							ADDRES	3					
CITY-ST-ZIP					- 6	HY-S		´					
TITLE				DELFTE	6.1 Ti		. 411				Change	Addition	7
NAME				-	6.2 N					•			
STREET ADDRESS							ADDRES:	3					
CITY-ST-ZIP					4	(1Y - S1							
	by certify that	at the information supplies	d with th	nis filing cloes not quali				stated i	in Section 119.07(3)(i), Florida Statute	s. I further	certify tha	it the	-1

information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same logal effect as if made under eath, 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.