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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Bandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 633784

(4)

FILED
May 06 1997 8:00am
Secretary of State

K-P GROUPS, INCORPORATED Principal Place of Business Mailing Address SUN CITY CENTER SHOPPING CENTER SUN CITY CENTER SHOP P.O. BOX 5808 P.O. BOX 5808 SUN CITY CENTER FL 33571 SUN CITY CENTER FL 33		NTER SHOPPING C	· ·			
				 Date Incorporated or Qualified 08/27/1979 	3a. Date of La 05/01/198	
2. Principal Place of Business	2a. Mailing Ad	ldress		4, FEI Number		Applied For
Suite, Apt. #, etc.	26 Suite, Apt.	# 616	 	59-1955322		Not Applicable
22	27 Suite, Apr.	w, 610.		5. Certificate of Status Desired		75 Additional e Required
City & State	City & Stat	e		6. Election Campaign Financing	\$5.	00 May Be
23	28			Trust Fund Contribution		led to Fees
Zip Country	Zip		ountry	8. This corporation has liability for it		er s. 199,032,
24 25 25 Name and Address of	29 of Current Registered Agen	30		Florida Statutes 10. Name and Address of New Re	Yes No	
KNEELAND, DOLORES P.	The control of the co		81 Name		<u> </u>	
336 SALLY LEE DRIVE			KA	IEELAND , DOLORI	SSP	
ELLENTON FL 33532			82 Street Add	dress (P.O. Box Number is Not Acceptable of CAST VICO	^(e) ልペ .	
ELLENTON TE GOODE			83		***************************************	
			84 City		lac l	7in Code
			1 City 5 V	N CITY CENTER	FL B5	Zip Code 33573
 Pursuant to the provisions of Sections office or registered agent, or both, in agent. I am familiar with, and accept 	s 607.0502 and 607.1508, Fig.	orida Statutes, the	above-named cor	poration submits this statement for the p	urpose of changing	ng its registered
onice or registered agent, or both, in	the State of Florida Such Cri the obligations of, Section 60	nange was authoriz 07 0505 Florida S	zeo by me corpora tatutes	ation's board of offectors, I hereby accep	it the appointmen	t as registered
agent i am iaminai win, and accept		200001 101.04	iaiaioo.			
SIGNATURE		5Q050, 1 Ibilaa 0	iaia, pa			
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SIGNATURE Signal are typical or printed name of re 12. OFFIC	egistered agent and title II applicable. CERS AND DIRECTORS	(NOTE: Registe	ered Agent signature requ		DATE ERS AND DIREC	TORS IN 12
SIGNATURE Signal are typedd or punted name of re 12. OFFIC PD	egistered agent and title II applicable. CERS AND DIRECTORS	(NOTE: Registe	ered Agent signature requ	uired when reinstating)	DATE	TORS IN 12
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miormation 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 or Lam 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.

\$13 634 3318 Daytime Phone #