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PROFIT **CORPORATION** ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

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KEN	INDUSTRIAL SALES, INC.	68 (U)) 	
Principal Place	of Business	Mailing Address				iari kali rigil rigil rigil i	
603 N PINE HILLS RD PO BOX 585888 % KENNETH NICCUM ORLANDO FL 32808		% KENNETH NICCI	603 N PINE HILLS RD PO BOX 585888 % KENNETH NICCUM ORLANDO FL 32908				
					 Date Incorporated or Qualified 06/29/1981 	3a. Date of Last 6 04/07/	
2. Principal Place of Business 26		2a. Mailing Address 26	Mailing Address		4. FEI Number 59-2120969		Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired		5 Additional
City & State		City & State	City & State		6. Election Campaign Financing		Required May Be
3 Zip	Country	Zip	Country		Trust Fund Contribution	Adde	ed to Fees
4	25	29	Country 30		This corporation has liability for in Florida Statutes		199.032,
	9. Name and Address of Current	Registered Agent	81	Name	10. Name and Address of New R	egistered Agent	
NICCU	M, KENNETH		82		(DO D- N		
603 NORTH PINE HILLS ROAD				Street Add	dress (P.O. Box Number is Not Acceptab	ie)	
UHLAN	IDO FL 32808		83				
			84	City		FL 85 Z	ip Code
or registere familiar with	ed agent, or both, in the State of Florida h, and accept the obligations of, Section	ii. Such change was authori n 607.0505, Florida Statute	tes, the above-nized by the corpo	parned corpo pration's boa	oration submits this statement for the purp ard of directors. I hereby accept the appo	pose of changing its pintment as registered	registered office diagent. Lam
						•	
8	Signature, typed or printed name of registered agent an OFFICERS AND	kd title if applicable (N	OTE: Registered Agent		ed whon reinstating)	DATE	
SIGNATURE	OFFICERS AND PD	kd title if applicable (N				DATE	-
I2. TITLE	OFFICERS AND PD BURKHALTER, CHERYL	id title if applicable (N	OTE: Registered Agent		ed whon reinstating)	DATE CERS AND DIRECTO	DRS IN 12
12. TITLE NAME STREET ADDRESS	PD BURKHALTER, CHERYL 603 N PINE HILLS RD	id title if applicable (N	OTE: Registered Agent 13. 1.1 TiTLE 1.2 NAME 1.3 STREET.	signature require	ed whon reinstating)	DATE CERS AND DIRECTO	DRS IN 12
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ecute 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

SIGNATURE:

PRES 3/15/96 407-299-2082