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 # 695299

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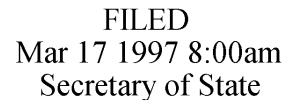
K.F.M. CONSTRUCTION CORPORATION

Principal Place of Business

Mailing Address

16251 SW 248TH ST HOMESTEAD FL 33031

16251 SW 248TH ST HOMESTEAD FL 33031-2003





							3. Date Incorporated or Qualified	3a. Da	te of Last	Report	
							07/16/1981	04/26/1996			
2.	Principal Pl	ace of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number	1		Applied For	
21	·	26		-			59-2266177			lot Applicable	
=:1	Suite, Apt.	#, etc.		Suite, Apt. #, etc.				NZ)	\$8.75	Additional	
22	•		27	7			5. Certificate of Status Desired	Ø		Required	
	City & State		City & State	<u> </u>		6. Election Campaign Financing		\$5.00 May Be			
23	•		28				Trust Fund Contribution			to Fees	
<u>,</u>	Zip	Country	Z(J)	Co	Country		8. This corporation has liability for i	ntangible	tax under	s. 199.032,	
24		25	29	30			Florida Statutes Yes No				
=:1	9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent					
ADAIR, PERRY ESQ						Name					
432 N. WASHINGTON AVE					82 Street Address (P.O. Box Number is Not Acceptable)						
		IESTEAD FL 33030				5(reet Address (P.O. Box Number is Not Acceptable)					
HOMESTERD TE 30000					83						
					84	City		FI	85 Zip	Code	
11	Pursuant t	o the provisions of Sections 60	07 0502 and 607 1508 Etorida	Statules, the a	.L.⊥i ibov∈	named /	corporation submits this statement for the p	urpose of	chanoina	its registered	
•	office or re	egistered agent, or both, in the	State of Florida, Such change obligations of Section 607.05	was authorize	ed by	the corp	oration's board of directors. I hereby accep	it the app	ointment a	s registered	
SIGNATURE Signature, typed or printed name of registered agent and title if in piliciable (NOTE Registered Agent signature required when reinstating) DATE											
12			RS AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC	ERS AND	DIRECTO	RS IN 12	
TIT		VD.	DELET	TE 1.1 T	ITLE	I			Change	Addition	
NAI	ME	LOGGINS, JOE		1.2 NAME							
	REET ADDRESS	16251 SW 248TH ST		1.3 9	TREET	ADDRESS					
	Y-ST-ZIP	HOMESTEAD FL			1,4 CHY - S1 - ZIP						
īII				2.1 1IILE				Change	☐ Addition		
NA	1	LOGGINS, DIANA	i	2.2 N	2.2 NAME						
		16251 SW 248TH ST			2.3 STREET ADDRESS						
	-ST-ZIP HOMESTEAD FL			1 - 1		SI - ZIP					
EIT			DELE			" -"			☐ Change	☐ Addition	
NA	1	ROBERT J LARA		3.2 N							
	TREET ADDRESS 16251 SW 248 ST.			3 3 STREET ADDRESS		ADDRESS					
	Y-ST-ZIP	HOMESTEAD FL			OHY-9	- 1					
TIT	- +	HOMEOTER	DELE			7 2 11			Change	Addition	
NA					NAMé				_ ,		
	REET ADDRESS			l,		ADDRESS					
_	Y-ST-ZIP				ITY-S						
TIT			DELE:			1-211			Change	Addition	
NA				521					_ ′		
	REET ADDRESS			· ·		ADDRESS					
_											
CIT	Y-ST-ZIP		DECE:		HIF	1 - ZIP			Change	Addition	
			prei.								
NA					IAME	IDDOSS					
	REET ADDRESS	•				ADDRESS					
OITY-ST-ZIP 14. I do hereby certify that the information supplied to			maked with this files stops put		11Y-S		ated in Section 119 07(3)(i) Florida Statute	n I further	oortifu the	nt the	

roo renewly certify that the information supplied with this tiling does not quality for the exemption stated in Section 119.07(3)(f). Florida Statutes. If 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 on an attachment with an address.