

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997  
AMOUNT DUE ON OR BEFORE 9/17/97: \$81.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED  
Jul 28 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northam</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **705869** (6)  
1. Corporation Name  
**KNIGHTS OF THE ROUND TABLE, INC.**



Principal Place of Business <b>777 BAYSHORE DRIVE PH #3 FORT LAUDERDALE FL 33304</b>	Mailing Address <b>4491 CRYSTAL LAKE DRIVE C-103 POMPANO BEACH FL 33064 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>21 4491 CRYSTAL LAKE DR</b>		2a. Mailing Address <b>26 Suite, Apt. #, etc. C-103</b>		3. Date Incorporated or Qualified <b>07/08/1963</b>		3a. Date of Last Report <b>06/25/1996</b>	
22 City & State <b>POMPANO BEACH FL</b>		27 City & State <b>C-103</b>		4. FEI Number <b>59-1059249</b>		Applied For <input type="checkbox"/> Not Applicable	
23 Zip <b>83064</b>		25 Country <b>USA</b>		29 Zip <b>30</b>		30 Country <b>US</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
7. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No				8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HICKMAN, ROGER L  
4491 CRYSTAL LAKE DRIVE C-103  
POMPANO BEACH FL 33064**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	1.1 TITLE <b>SD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>HANSEN, GORM P</b>		1.2 NAME <b>ROBINSON, SUMNER</b>	
STREET ADDRESS <b>1501 SE 23RD AVE</b>		1.3 STREET ADDRESS <b>457 WOODLAKE LAKE</b>	
CITY-ST-ZIP <b>POMPANO BEACH, FL 00000</b>		1.4 CITY-ST-ZIP <b>DEER CREEK FL 33442</b>	
TITLE <b>SD</b>	<input checked="" type="checkbox"/> DELETE	2.1 TITLE <b>ROBINSON, SUMNER</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>KEATS, HAROLD A</b>		2.2 NAME <b>PP BOX 21850</b>	
STREET ADDRESS <b>777 BAYSHORE DRIVE, PH #3</b>		2.3 STREET ADDRESS <b>FT LAUDERDALE FL 33335</b>	
CITY-ST-ZIP <b>FORT LAUDERDALE, FL</b>		2.4 CITY-ST-ZIP	
TITLE <b>PD</b>	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>ROWLAND, ED</b>		3.2 NAME	
STREET ADDRESS <b>5739 PINE TERRANCE</b>		3.3 STREET ADDRESS	
CITY-ST-ZIP <b>PLANTATION FL</b>		3.4 CITY-ST-ZIP	
TITLE <b>T</b>	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>SCHMIDT, J. F</b>		4.2 NAME	
STREET ADDRESS <b>21149 BIRDSNEST TERR.</b>		4.3 STREET ADDRESS	
CITY-ST-ZIP <b>BOCA RATON FL</b>		4.4 CITY-ST-ZIP	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>BETTERMAN, ROBERT</b>		5.2 NAME	
STREET ADDRESS <b>2004 BAY DRIVE</b>		5.3 STREET ADDRESS	
CITY-ST-ZIP <b>POMPANO BEACH FL</b>		5.4 CITY-ST-ZIP	
TITLE <b>VD</b>	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>SCHIRMAN, GEORGE</b>		6.2 NAME	
STREET ADDRESS <b>3038 E COMMERCIAL BLVD</b>		6.3 STREET ADDRESS	
CITY-ST-ZIP <b>FT LAUDERDALE, FL 00000</b>		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE **21 ROBINSON, SUMNER** 7/12/97 05:08 PM

CR2E037 (4/97)