

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 11 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 819504 (2)
 1. Corporation Name
FKI INDUSTRIES INC.



Principal Place of Business 425 POST RD FAIRFIELD CT 06430	Mailing Address 425 POST RD FAIRFIELD CT 06430
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified
04/12/1966

4. FEI Number
06-0241470

Applied For	
Not Applicable	

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION FL 33324**

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	VP <input checked="" type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, J RICHARD	1.2 NAME
STREET ADDRESS	47000 LIBERTY DRIVE	1.3 STREET ADDRESS
CITY-ST-ZIP	WIXON MI	1.4 CITY-ST-ZIP
TITLE	PCEO <input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	R.G. BEESTON	2.2 NAME
STREET ADDRESS	WEST HOUSE, KING CROSS RD.	2.3 STREET ADDRESS
CITY-ST-ZIP	HALIFAX W. YORKSHIRE EN	2.4 CITY-ST-ZIP
TITLE	VPS <input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, ROBERT M.	3.2 NAME
STREET ADDRESS	425 POST RD	3.3 STREET ADDRESS
CITY-ST-ZIP	FAIRFIELD CT	3.4 CITY-ST-ZIP
TITLE	VPF <input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAMPSY, DIANA M.	4.2 NAME
STREET ADDRESS	425 POST ROAD	4.3 STREET ADDRESS
CITY-ST-ZIP	FAIRFIELD CT	4.4 CITY-ST-ZIP
TITLE	VP <input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOOK, ROBERT	5.2 NAME
STREET ADDRESS	4601 SIX FORKS RD 1 SUITE 205	5.3 STREET ADDRESS
CITY-ST-ZIP	RALEIGH NC	5.4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME
STREET ADDRESS		6.3 STREET ADDRESS
CITY-ST-ZIP		6.4 CITY-ST-ZIP

14. I 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Diana Dampsy* **4/27/98** (203) 265-7100

CR2E034 (10/97)