FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

	Of the last	VISION OF CONFORMIO	97 DEC 18	PM 1: 37 4YUW	
1. Name of Limited Partnorship		OCUMENT # 0000903		12/22	
K.F.I., LTD.			!	88311 88111 88411 88411 88711 88111 88111 1888 8881 88811 88411 88411 88411 88411 88411 88411 88411 88411 88411 88411 88411 88411 88411 88411 88411 88411 88	
Malling Address	Principal Office Addr	Principal Office Address		5a. Capital Contributions as Shown on record	
1812 S.W. 31ST AVENUE PEMBROKE PARK FL 33009	1812 S.W. 31ST AVENUE PEMBROKE PARK FL 33009		09/07/1993 3a. Date of Last Report	\$990.00	
			12/31/1996 4. State or Country of Formation	5b. Amount of Capital Contributions in FLORIDA to date:	
2. Mailing Address	2a. Principal Offic	e Address	FL	990.00	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		6. FE! Number 65-0435413	Applied For	
City & State	City & State Zip Country		7. Cert ficate of Status Desired	Not Applicable \$8.75 Additional Fixe Required	
Zip Country			8. Make check payable to: Dept. o	of State (See reverse side for fee information	
COBER CORPORATE AGENTS, INC. 2601 SOUTH BAYSHORE DRIVE, 19TH FLOOR MIAMI FL 33133		Street Add	Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc.		
		City	City FL Zip Code		
agent. I am familiar with, and accept the obligated SIGNATURE (Registered Agent Accepting Appointment A GENERAL PARTNER THAT	e or registered agent, or both, in stons of section 620 192, Florida).	the State of Florida. Such cha Statutes. ATION, LIMITED	nge was authorized by its general partner(s). The	reby accept the appointment of registere	
11. Name(s) of General Partner(s)	11a. Address	of Each General Partner e Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number	
KELSEY, CHARLES M JR.	1812 S.W. 31	ST AVENUE	PEMBROKE PARK FL 3300		
•			10000 -12/2 ****	2380461 5 3/8701085021 156.25 ****156.25	
¥					
Note: General partners MAY No	OT be changed on	this form: an am	endment must be filed to ch	ange a general partner.	

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same logal effects as if made under eath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute his report as required by chapter 620, Florida Statutes

SIGNATURE

Charles M. Kelsey, Jr.

DATE .

954-981-8073

12/16/97

Daytime 1e ephone Number

Typed or Printed Name of General Partner Signing Form