

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F55008 (9)

1. Corporation Name  
KEN WILLITS, INC.



Principal Place of Business

500 N W 165 ST RD  
PO BOX 69-3960  
MIAMI, F A 33269-7960

Mailing Address

500 N W 165 ST RD  
PO BOX 69-3960  
MIAMI, F A 33269-7960  
33269

3. Date Incorporated or Qualified  
11/17/1981

3a. Date of Last Report  
03/15/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc. 26 PO BOX 69-3960

22 City & State 27 Suite, Apt. #, etc.

23 City & State

28 MIAMI FL

24 Zip 33169

25 Country USA

29 33269-0960

30 Country USA

4. FEI Number  
59-2174387

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 has liability for intangible tax under s 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

WILLITS, KEN  
500 NW 165 ST RD PO BOX 69-3960  
MIAMI, FLA  
33169

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP  
NAME WILLITS, KENNETH E  
STREET ADDRESS 500 N W 165TH STREET  
CITY, ST, ZIP MIAMI, FL 00000

TITLE ☐ DELETE

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP

TITLE ☐ DELETE

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CITY, ST, ZIP

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TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY, ST, ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY, ST, ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY, ST, ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY, ST, ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY, ST, ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY, ST, ZIP

14. 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/09/96 305-944-3241

Date

Daytime Phone #

CR2E034 (12/95)