

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 # F64792 (7)

1. Corporation Name

KISSIMMEE INDUSTRIAL PARK, INC.



Principal Place of Business

200 E ROBINSON ST STE 920
ORLANDO FL 32801

Mailing Address

200 E ROBINSON ST STE 920
ORLANDO FL 32801

3. Date Incorporated or Qualified 01/27/1982	3a. Date of Last Report 03/28/1995
4. FEI Number 59-2279065	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WEBB, DANIEL B.
200 E ROBINSON ST STE 920
ORLANDO FL 32801

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 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	DV	<input checked="" type="checkbox"/> DELETE
NAME	WEBB, RONALD E.	
STREET ADDRESS	1300 NW 167TH STREET	
CITY - ST - ZIP	MIAMI, FL 33090	
TITLE	DST	<input type="checkbox"/> DELETE
NAME	WEBB, WILLIAM C, JR	
STREET ADDRESS	1300 NW 167TH STREET	
CITY - ST - ZIP	MIAMI, FL 33090	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	WEBB, DANIEL B.	
STREET ADDRESS	200 E ROBINSON ST	
CITY - ST - ZIP	ORLANDO FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	DVST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	MIAMI FL 33169
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	ORLANDO FL 32801
4.1 TITLE	DAS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	BARKER, EARL M JR
4.3 STREET ADDRESS	334 E DUVAL ST
4.4 CITY - ST - ZIP	JACKSONVILLE FL 32202
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	400001789714
5.4 CITY - ST - ZIP	-04/23/96--01001--010
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	***200.00

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)(b), 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: Earl M. Barker, Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/96 904-253-0033
Date Daytime Phone #

CR2E034 (12/95)