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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # F9300002811 (8)

KS (KEARNEY STREET) CORPORATION

1999 AVENUE OF THE STARS. SUITE 2000 LOS ANGELES CA 90067-4055 2. Principal Place of Business 2. Mailing Address 3. Date Incorporated or Qualified Qn Date of Last Report O6/17/1993 07/31/1996 2. Principal Place of Business 2. Mailing Address 3. Date Incorporated or Qualified Qn Date of Last Report O6/17/1993 07/31/1996 2. Principal Place of Business 2. Mailing Address 3. Date Incorporated or Qualified Qn Date of Last Report O6/17/1993 07/31/1996 07/31/1996 0. FEI Number 13-3714131 Not Applied For Suite Applied For Clay & State Business Desired Suite Address Desired Suite Address Desired Peo Required Fee Required Fee Required Place of Clay & State Business Desired Peo Required Fee Required Place of Clay & State Business Desired Place Plac	1999 AVENUE C	3.0, 0.080088		^						8
Some and Address of Current Registered Agent Size Si		Principal Place of Business Mailing Address 1000 AVENUE OF THE STARS SHITE 2000 1999 AVENUE OF THE			TARS. SHITE 2000					
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2. Principal Prace of Business							ŀ	3. Date Incorporated or Qualified	3a. Date of Last	Report
28 Suite, Apt. #, etc Suite, Apt. #, etc. 29 City & Strate Country Zip Country Established Trust Fund Contribution B. Election Campaign Financing Trust Fund Contribution Added to Fees Trust Fund Contribution B. This corporation has liability for intangibly ax under s. 199 032; Florida Stratutes Florida Stratutes Florida Stratutes Florida Stratutes Florida Stratutes Florida Stratutes Non B. Name 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 B. Street Address (P.O. Box Number is Not Acceptable) FL 85 Zip Code City Street Address (P.O. Box Number is Not Acceptable) FL 85 Zip Code City Street Address (P.O. Box Number is Not Acceptable) FL 85 Zip Code City Street Address (P.O. Box Number is Not Acceptable) FL 85 Zip Code City Street Address (P.O. Box Number is Not Acceptable) FL 85 Zip Code City Street Address (P.O. Box Number is Not Acceptable) FL 85 Zip Code City Street Address (P.O. Box Number is Not Acceptable) FL 85 Zip Code Finance is a control of the purpose of changing its registered agent a remaining with, and accept the obligations of, Section 607,0505, Florida Stratutes, the above-named corporation submits this statement for the purpose of changing its registered agent 1 am familiar with, and accept the obligations of, Section 607,0505, Florida Stratutes. SignATURE Signature, the appointment as registered agent							1		1	
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City & State 23 70 Country Zip Zip No No P. Name and Address of Current Registered Agent 10. Name and Address of New Registery d Agent Xip Zip Zip Zip Zip Zip Zip Zip		#, etc	<u>}</u> ,	·····-}				5. Certificate of Status Desired		
Trust Fund Contribution								6. Election Campaign Financing		
24 25 29 30 Florida Statutes										
9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 82 Street Address (P.O. Box Number is Not Acceptable) 83 Ref 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 agent. Jam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. THE CD DELETE 1.1 TITLE CD DELETE 1.1 TITLE ALLWIN, JAMES M SIRRET ADRESS CITY ST. 2IP VD DELETE 2.1 TITLE VD DELETE 3.1 TITLE VD Change Addition LOS ANGELES CA 90067 V DELETE 3.1 TITLE VD Change Addition LOS ANGELES CA 90067 V DELETE 3.1 TITLE Change Addition Addition Change Addition Change Addition Change Addition		- ·							s. 199.032,	
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	NAME	roessler, ronald r	, SUITE 2000		62 NAME 63 STREET		1			

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 compitation 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 larged or on an attachment with an address.

SIGNATURE:

City-St-Zie

LOS ANGELES CA 90067

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TO LEGURED

Daytine Phone #

Date

FILED

Feb 25 1997 8:00am

Secretary of State