

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

PROFIT CORPORATION ANNUAL REPORT 1997



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

FILED

97 JUN 30 AM 9:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F94000001670 (8)

1. Corporation Name
K. I. GROUP, INC.



Principal Place of Business: 4501 W. GAYUGA ST BLDG-D TAMPA FL 33614
Mailing Address: 12113 WASATCH CT BLDG-D TAMPA FL 33614-6944

3. Date Incorporated or Qualified: 04/01/1994
3a. Date of Last Report: 02/07/1996

2. Principal Place of Business: 12113 Wasatch Ct.
2a. Mailing Address: 12113 Wasatch Ct.

4. FEI Number: 38-2164996
Applied For: Not Applicable

22. Suite, Apt. #, etc.:
27. Suite, Apt. #, etc.:

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

23. City & State: Tampa, FL
28. City & State: Tampa, FL

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

24. Zip: 33624
25. Country:
29. Zip: 33624
30. Country:

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
KENNEDY, BARBARA
4501 W. GAYUGA ST BLDG-D TAMPA FL 33614
KENNEDY BARBARA
12113 WASATCH CT
Tpa, FL 33624

10. Name and Address of New Registered Agent
81 Name:
82 Street Address (P.O. Box Number is Not Acceptable): 12113 Wasatch Ct.
83:
84 City: Tampa FL 85 Zip Code: 33624

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 | PD | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | KENNEDY, JOHN D | 1.2 NAME | |
| STREET ADDRESS | 12113 WASATCH CT | 1.3 STREET ADDRESS | 100002232171--4 |
| CITY-ST-ZIP | TAMPA FL | 1.4 CITY-ST-ZIP | -07/07/97--01179--019 |
| TITLE | SD | 2.1 TITLE | ****165.00 ****165.00 |
| NAME | KENNEDY, BARBARA | 2.2 NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | 12113 WASATCH CT | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | TAMPA FL | 2.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 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 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 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: Barbara Kennedy
1-23-96-813-961-1643

CR2E034 (9/96)