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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## 1997 DOCUMENT # F9600002178 (9)

## KAHN VENTURES, INC.

Principal Place of Business Mailing Address							I 1001/00 1/10 IF\$10 O4111 OB111 D0114 B7\$41 B0111 D0170 1\$60 1461 10007 IF\$1 1601			
DHINSON STREETST FL 33040	Ħ		1508 JOHNSON STREET KEY WEST FL 33040-4928							
11 12 3000		NEI WEST	7 L 00010 40EC	•						
							3. Date Incorporated or Qualified 05/01/1996	3a. D.	ate of Last F	Report
sipal Place of	j	28. Mailing Address				4, FEI Number		<u> </u>	pplied For	
		26					58-1360668		ot Applicable	
ite, Apt.#, oto		27 Suite, /	Suite, Apt. #, etc.				5. Certificate of Status Desired			Additional equired
8 State			City & State			·	6. Election Campaign Financing	<b>\$5.00</b> May Be		
Gountry		28					Trust Fund Contribution	Added to Fees		
	Country	2 p		Count	lry		8. This corporation has liability for			s. 199.032,
	25 9. Name and Address of Current I		29 30 30 egistered Agent			Florida Statutes Yes No 10, Name and Address of New Registered Agent				
			Bour	8	11	Name	(U. Haille alla Addiess of Her He	giater ou	Agoill	
CORPORATION SERVICE COMPANY 1201 HAYS STREET						Charact Addrson /D.O. Day Murshavia Mak Assessables				
	SEE FL 32301-2525			l e	12	Street Addre	ess (P.O. Box Number is Not Acceptat	N <del>0)</del>		
17100 11 11 10	000 10 00001 0000			8	13					
				<b>.</b>	14	City			<b>65</b> Zip	Code
						•		FL	. 1	
uant to the p	provisions of Sections 607.05	502 and 607 1508	Florida Statu	ites, the abo	)VØ	-named corp	oration submits this statement for the pion's board of directors. I hereby acce	ourpose o	f changing i	its registered
ent I am famil	iar with, and accept the obli	igations of, Section	n 607.0505, F	lorida Statut	les	·	ions board or directors. Thorsely accep	or the app	romancia ge	Togistorea
ATURE										
5 (1.10)	Type of probabilities of regulation a	sycrt and the if applicab ND DIRECTORS	ile. (NO	TE Registered A	Ager	nt signature require	ed when reinstating)  ADDITIONS/CHANGES TO OFFIC	DATE	DIRECTO	DC IN 10
PD	OFFICERS A	IND DIRECTORS	DELETE	1.1 TITL			ADDITIONS/CHANGES TO OFFIC	ENS AN	Change	Addition
KAHN, ROGER				1.2 NAME						
	STE 300				ADDRESS					
	ANTA GA	, 012 000		1.4 CITY						
ST			DELETE	2.1 TITLE					Change	Addition
	n, rubye			2.2 NAM	<b>!</b> E					
	SPRING STREET, N.W.,	, STE 300		2.3 STRE	EET 1	ADDRESS				
zie ATLA	anta ga	·		2. 4 CITY	Y - S	7 - ZIP				
D			☐ DELETE	3.1 1171	E				☐ Change	Addition
	n, david b			3.2 NAM	ŧΕ					
	) <b>Emmanuel Drive</b> , S.V	٧.		3.3 STRE	EET A	ADDRESS				
	RLOTTE NC			3.4. CITY		T-ZIP				<b></b>
D			DELETE	4.1 TiTL					L Change	Addition
	N, MICHAEL A	_		4. 2 NAN						
	O STEELE CREEK ROAD	)				ADDRESS				
	RLOTTE NC		I noverr	4.4 CITY		· ZIP			Chance	- I defice
0	ED LEÓNADO A		DELETE	5.1 TiTL1					L Change	Addition
	ER, LEONARD A	000		5.2 NAM						
	) spring street, ste ( Anta ga	300				ADDRESS				
IZIE ATU	WITA CA		DELETE	5.4 CITY 6.1 TITL		- LIP	· · · · · · · · · · · · · · · · · · ·		Change	Addition
			المارين ب	6.2 NAM			•		- viaige	
ADDRESS						ADDRESS				
1 - ZiP				6.4 CITY						
do hereby certi	fy that the information suppli	ied with this filing	does not qua	lify for the e	Yel	option stated	in Section 119.07(3)(i), Florida Statute	s. I furthe	r certify that	t the
information indica	ated on this annual report or	r supplemental an	inual report is:	true and ac	cu	rate and that	my signature shall have the same lega t as required by Chapter 607, Florida S	d effect a	s if made un	ider oath: 1

SIGNATURE:

ATURE AND EXAMP OF FRINCED NAME OF SIGNING OFFICER OR DIRECTOR

2-21-97

404.874-8727

**FILED** 

Feb 27 1997 8:00am

Secretary of State