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

**PROFIT** CORPORATION **ANNUAL REPORT** 

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # G28968

Mailing Address

K.C.A. ENTERPRISES, INC.

FILEL	)
Jun 19 1997	8:00am
Secretary o	of State



C/O COMMERCIAL BERVICES COMPANY 6251 A N. DIXIE HWY FORT LAUDERDALE FL 33334		6251 A N. DIXIE HWY	G/O COMMERCIAL SERVICES COMPANY 6251 A N. DIXIE HWY FORT LAUDERDALE FL 33334-3693					
					3. Date Incorporated or Qualified 03/22/1983	3a. Date of Last 06/03/1996		
2. Principal Place of Business 2a. Mailing Address					4. FEI Number		Applied For	
21		26	26				Vot Applicable	
Suite, Apt. #, etc. Suite.		Suite, Apt. #, etc.	ite, Apt. #, etc.		5. Certificate of Status Desired S8.75 Additiona			
22 27		27	,]		Fee Required		Required	
City & State		City & State	City & State		6. Election Campaign Financing	\$5.0	0 May Be	
23	3				Trust Fund Contribution		d to Fees	
Zip	Country	Zip	Counti	у	<b>B.</b> This corporation has liability for intangible tax under s. 199,032.			
24	25	29	30	Florida Statutes Yes No				
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent								
JAC	KSON, W.L.		8.	Name				
625	1 N. DIXIE HWY.		8:	Street Add	dress (P.O. Box Number is Not Acceptab	lo)		
FT.	LAUIDERDALE FL 33334			Oli CCI MO	breds (F.O. Box Marrise) is Not Accopted	10)		
			8:	3				
			84					
			84	City		FL  85   Zij	Code	
I Office of re	to the provisions of Sections 607.05 egistered agent, or both, in the States familiar with, and accept the obli	e of Florida. Such change was a	luthorized b	by the corpora	rporation submits this statement for the pration's board of directors. I hereby accep	troose of changing	its registered is registered	
SIGNATURE	Signature, typed or printed name of registered a	gent and title if applicable. (NOTI	- Registered A	gent signature requ	uired when reinstating)	DATE		
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECTO	RS IN 12	
TITLE	PCD	DELETE	1.1 TITLE			☐ Change	☐ Addition	
NAME	KING, MICHAEL E. (CHMN)		1.2 NAME				-	
STREET ADDRESS	6251 A N. DIXIE HWY		1.3 \$TRE	T ADDRESS				
CITY-ST-ZIP	FORT LAUDERDALE FL 3333	4	1.4 CITY	ST-ZIP			ļ	
TITLE	STD	DELETE	2.1 TITLE			☐ Change	Addition	
NAME	KING, LILIANE M. T.	-	2.2 NAME					
STREET ADDRESS	6251 A N. DIXIE HWY		2.3 STREE	T ADDRESS				
CITY-ST-ZIP	FORT LAUDERDALE FL 3333	4	2. 4 GITY	Ţ			1	
TITLE	VP	DELETE	3.1 TITLE	31 EII		Change	Addition	
NAME	KING, STEVEN	<del></del>	3.2 NAME					
STREET ADDRESS	6251 A N. DIXIE HWY			T ADDRESS			i	
CITY-ST-ZIP	FT. LAUDERDALE FL 33334		3.4. DITY				•	
TITLE		DELETE	4.1 TITLE	01.511		☐ Change	Addition	
NAME			4.2 NAMI			C Sumille	7,000,011	
STREET ADDRESS			1	1				
CITY-ST-ZIP				1 ADDRESS				
TITLE		DELETE	4.4 CITY- 5.1 TITLE	SI-ZIP		Change	Addition	
NAME		C VILLE					- Magazani	
			5.2 NAME		•			
STREET ADORESS				1 ADDRESS				
CITY-ST-ZIP		T DECERT	5.4 CITY-	\$T - ZIP		· · · · · · · · · · · · · · · · · · ·		
TITLE		☐ DELETE	6.1 TITLE			☐ Change	Addition	
NAMÉ			6.2 NAME					
STREET ADDRESS			6.3 STREE	1 ADDRESS				
CITY-ST-ZIP			6.4 CITY-	\$1 - 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 logal 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.