

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G28968

1. Corporation Name
K.C.A. ENTERPRISES, INC.

Principal Place of Business
C/O COMMERCIAL SERVICES COMPANY
6251 A N. DIXIE HWY
FORT LAUDERDALE FL 33334

Mailing Address
C/O COMMERCIAL SERVICES COMPANY
6251 A N. DIXIE HWY
FORT LAUDERDALE FL 33334

FILED
Mar 16, 1999 8:00 am
Secretary of State

03-16-1999 90134 021 ***150.00



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business C/O COMMERCIAL SERVICES CO		2a. Mailing Address C/O COMMERCIAL SERVICES COMPANY	
21. 3081 E COMMERCIAL BLVD	26. 3081 E COMMERCIAL BLVD	3. Date Incorporated or Qualified 03/22/1983	
Suite, Apt. #, etc. SUITE 103	Suite, Apt. #, etc. SUITE 103	4. FEI Number 59-2346392	
22. CITY & STATE FORT LAUDERDALE	27. CITY & STATE FORT LAUDERDALE	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23. ZIP 33308	28. ZIP 33308	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24. COUNTRY U.S.A.	29. COUNTRY U.S.A.	8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

JACKSON, W.L.
6251 N. DIXIE HWY.
FT. LAUDERDALE FL 33334

10. Name and Address of New Registered Agent

81. Name JACKSON, W.L.
82. Street Address (P.O. Box Number is Not Acceptable)
3081 E. COMMERCIAL BLVD, SUITE 103
83.
84. City FORT LAUDERDALE FL 85. Zip Code 33308

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 PCD	<input type="checkbox"/> DELETE	1.1 TITLE PCD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME KING, MICHAEL E. (CHMN)		1.2 NAME KING, MICHAEL E. (CHMN)	
STREET ADDRESS 6251 A N. DIXIE HWY		1.3 STREET ADDRESS 3081 E COMMERCIAL BLVD, STE 103	
CITY-ST-ZIP FORT LAUDERDALE FL 33334		1.4 CITY-ST-ZIP FORT LAUDERDALE, FL 33308	
TITLE STD	<input type="checkbox"/> DELETE	2.1 TITLE STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME KING, LILIANE M. T.		2.2 NAME KING, LILIANE M. T.	
STREET ADDRESS 6251 A N. DIXIE HWY		2.3 STREET ADDRESS 3081 E COMMERCIAL BLVD, STE 103	
CITY-ST-ZIP FORT LAUDERDALE FL 33334		2.4 CITY-ST-ZIP FORT LAUDERDALE, FL 33308	
TITLE VP	<input type="checkbox"/> DELETE	3.1 TITLE VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME KING, STEVEN		3.2 NAME KING STEVEN	
STREET ADDRESS 6251 A N. DIXIE HWY		3.3 STREET ADDRESS 3081 E COMMERCIAL BLVD, STE 103	
CITY-ST-ZIP FT. LAUDERDALE FL 33334		3.4 CITY-ST-ZIP FORT LAUDERDALE, FL 33308	
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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)