FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **H18227** **(9)**

1. Corporation Name

KIMDEE CORPORATION, INC.

Principal Place of Business	Mailing Address
4502 CRIMSON CT ORLANDO FL 32808 US	P. O. BOX 617106 ORLANDO FL 32861-7106 US

3. Date Incorporated or Qualified: **08/27/1984**

3a. Date of Last Report: **05/01/1995**

4. FEI Number: **59-2465794** [ ] Applied For [ ] Not Applicable

5. Certificate of Status Desired [ ] **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution [ ] **$5.00** May Be Added to Fees

8. This corporation has/has not qualified for intangible tax under s. 199.032, Florida Statutes. [ ] Yes [ ] No

2. Principal Place of Business	2a. Mailing Address
21	26 4502 Crimson Court
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28 ORLANDO, FL
Zip 24	Zip 29 32808
County 25	County 30 U.S.A.

9. Name and Address of Current Registered Agent

SHATTUCK, DORIS
4502 CRIMOSN CT
ORLANDO FL 32808

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 617.1502, 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 _____ DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	[ ] DELETE	1 TITLE	[ ] Change [ ] Addition
NAME	SHATTUCK, DORIS		2 NAME	
STREET ADDRESS	4502 CRIMSON CT		3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL		4 CITY-ST-ZIP	
TITLE	V	[X] DELETE	5 TITLE	[ ] Change [ ] Addition
NAME	WRIGHT, STEVEN		6 NAME	
STREET ADDRESS	815 CROWN POINT CROSS RD		7 STREET ADDRESS	
CITY-ST-ZIP	WINTER GARDEN FL		8 CITY-ST-ZIP	
TITLE	V	[ ] DELETE	9 TITLE	[X] Change [ ] Addition
NAME	REID, ROBERT		10 NAME	
STREET ADDRESS	106 ELDERBERRY LANE		11 STREET ADDRESS	113 TRAFALGAR PLACE
CITY-ST-ZIP	LONGWOOD FL		12 CITY-ST-ZIP	LONGWOOD, FL 32779-5628
TITLE		[ ] DELETE	13 TITLE	[ ] Change [ ] Addition
NAME			14 NAME	
STREET ADDRESS			15 STREET ADDRESS	
CITY-ST-ZIP			16 CITY-ST-ZIP	
TITLE		[ ] DELETE	17 TITLE	[ ] Change [ ] Addition
NAME			18 NAME	
STREET ADDRESS			19 STREET ADDRESS	
CITY-ST-ZIP			20 CITY-ST-ZIP	
TITLE		[ ] DELETE	21 TITLE	[ ] Change [ ] Addition
NAME			22 NAME	
STREET ADDRESS			23 STREET ADDRESS	
CITY-ST-ZIP			24 CITY-ST-ZIP	

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemptions stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this 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 with an "X" in Column 1, or on an attachment with an address.

SIGNATURE: Doris Shattuck 4/6/96 407-292-9121
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #