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

DOCUMENT # H35792

(1)

K. R. CORPORATION OF VENICE, INC.

FILED Apr 29 1997 8:00am Secretary of State

Principal Place of Business Mailing Address								
1701 MISSION NOKOMIS FL 3		C/O COLLETTE LADD P.O. BOX 533 NOKOMIS FL 34274-0533 US						
				3a. Date Incorporated or Qualified 12/26/1984 3a. Date of Last Report 04/29/1996		ort		
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	App	lied For		
Suite, Apt. #, etc.		26		59-2474805		Applicable		
22 City & State		Suite, Apt. #, etc.	27		5. Certificate of Status Desired	\$8.75 Ad		
23		City & State		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
Zip			Countr	у	8. This corporation has liability for intangible tax under s. 199.032,			
24			30		Florida Statutes Yes No 10. Name and Address of New Registered Agent			
				Name	10. Name and Address of New Meg	istered Agent		
LADD, COLLETTE 1701 MISSION VALLEY BLVD								
NOKOMMIS FL 34275			82	Street Ad	dress (P.O. Box Number is Not Acceptable	e)		
'''			83					
			84	0.4				
				' '		FL 85 Zip Co		
11. Pursuant	to the provisions of Sections 607.05	602 and 607.1508, Florida Stat	utes, the above	e-named co	orporation submits this statement for the pration's board of directors. I hereby accep	rpose of changing its i	registered	
agent. I a	m familiar with, and accept the oblig	gations of, Section 607.0505, (Florida Statute	y the corpor S.	anorrs board or birectors, i hereby accep	i the appointment as ro	gistered	
SIGNATURE								
12.	Signature, typod or printed name of registered at	gent and tille if applicable (N ND DIRECTORS	O1E: Registered Ag	ent signature rec	pulsed when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE	INI 10	
TITLE	DPS	DELFTE	1.1 TITLE		ADDITIONS/CHANGES TO OFFICE	Change	Addition	
NAME	LADD, COLLETTE		1.2 NAME					
STREET ADDRESS 1701 MISSION VALLEY BLVD			1.3 STREET ADDRESS					
CITY-ST-ZIP	NOKOMIS FL		1.4 CITY-	ST-ZIP				
TITLE	T	DELETE	2.1 TITLE			☐ Change	Addition	
NAME	LADD, COLLETTE		2.2 NAME					
STREET ADDRESS	1701 MISSION VALLEY BLVD			T ADDRESS				
CITY-ST-ZIP TITLE	NOKOMIS FL	DELETE	2.4 CHY-	ST-ZIP		Change	1 delition	
NAME		otter	3.1 TITLE 3.2 NAME			Change	Addition	
STREET ADDRESS				I ADDRESS				
CITY-ST-ZIP			3.4 DITY-	1				
TITLE .		DELETE	4 1 TITLE			Change	Addition	
NAME			4 2 NAME	İ				
STREET ADDRESS			4 3 STREE	T ADDRESS				
CITY-ST-ZIP			4.4 C(TY-)	ST - ZIP				
TITLE		☐ DELETE	51 TITLE			☐ Change	Addition	
NAME			5 2 NAME					
STREET ADDRESS				F ADDRESS				
CITY-ST-ZIP TITLE		DELETE	5.4 CHY-1	SI - ZIP		Change	Addition	
NAME		partie	6.2 NAME			C Glange		
STREET ADDRESS				I ADDRESS				
			1 2.0 VIIII					

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 in panged, or on an attachment with an address.