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 # H40108

(3)

FILED Apr 14 1997 8:00am Secretary of State

KHFF, II	NC.								
Principal Place of Business				Mailing Address					
P. O. BOX 580337 ORLANDO FL 32858 US				4922 FORESTWOOD BOULEVARD TYLER TX 75703-3112 US					
								3. Date Incorporated or Qualified 3a. Date of Last Report 01/25/1985 04/19/1996	
2. Principal Place of Business				2a. Mailing Address				4. FEI Number Applied For	Ĭ
21			26					59-2484393 Not Applicable	
Sulte, Apt. #, etc.			ļ,	Suite, Apt. #, etc.				5. Certificate of Status Desired S8.75 Additional	L
22]			27	City & State				Fee Hequired.	1
City & State			1	₁				6. Election Campaign Financing \$5.00 May Be	
Zip Country			28	Zip Country				Trust Fund Contribution	4
24	¬ '		29			30]		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes \(\simega\) Yes \(\simega\) No	
24	9. Name	and Address of (stered Agent	1901			10. Name and Address of New Registered Agent	1
ШП	CHESON,					81	Name		1
	B LOWAN					82	Charat As	Address (DO D. Nieska is Net Assertable)	-
ORLANDO FL 32835							Street Ac	Address (P.O. Box Number is Not Acceptable)	
0,10	JH100 1 6 1	J2000			l	83			1
						84	City	85 Zip Code	-
							•	FL T	
11. Pursuant office or r	to the provis egistered ag m familiar w	ions of Sections 60 jent, or both, in the th, and accept the	07.0502 and 6 State of Flori obligations o	07.1508, Florida Statut da. Such change was f, Section 607.0505, Fi	les, the ab authorized orida Stat	ove d by utes	e-named co the corpo	corporation submits this statement for the purpose of changing its registered poralion's board of directors. I hereby accept the appointment as registered	
SIGNATURE		,						•	1
	Signature, typed	or printed name of regist				Age	nt signature re	required whon reinstating) DATE	
12.	68	OFFICE	RS AND DIREC		13.		· -	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	18
TITLE	P\$	00N KEN		DELÉTE	1.1 10		-	Change Addition	18
NAME		SON, KEN			1.2 NA				3
STREET ADDRESS		WAN COURT					ADDRESS		ļù
CITY-ST-ZIP TITLE	VPT	O FL 32835		DELETE	1.4 CF 2 1 1 F		1-210	Change Addition	Ą
NAME		NN EDED		Fra percet	22 NA		ľ	Cilonge Disorder	`
STREET ADDRESS	FUHRMANN, FRED s 4922 FORESTWOOD BOULEVAR				1		ADDRESS		
ŀ	TYLER T		ULEVAND		- 8				
CITY-ST-ZIP TITLE	TILEN IA	10100		DELETE	2. 4 Cl 3.1 Til		1-20	Change Addition	1
NAME					3.2 NA		1	The Control of the Co	1
STREET ADDRESS							ADDRESS		
CITY-ST-ZIP					3.4. CI				
TITLE		· · · · · · · · · · · · · · · · · · ·	·*	DELETE	41111			Change Addition	1
NAME					4. 2 N/	\ME	l		
STREET ADDRESS					4.3 S1	REET.	ADDRESS		
CITY-ST-ZIP					4.4 Ci	IY-\$1	1-71P		
TITLE				DELETE	5.1 1(1	LE		☐ Change ☐ Addition	1
NAME					5.2 NA	ME			ļ
STREET ADDRESS					5.3 ST	REET	ADDRESS		1
CITY-ST-ZIP					5.4 CII	Y-\$1	I - ZIP		
TITLE				☐ DELETE	6110	LE	7	Change Addition	
NAME					6.2 NA	ME			
STREET ADDRESS					6.3 \$1	REET	ADDRESS		
CITY-ST-ZIP					6.4 CIT	Y - \$1	- ZIP		-

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 if changed, or on an attachment with an address.