

ANNUAL REPORT  
1995

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

FILED

95 MAY -1 PM 7:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

DOCUMENT # H57416 (0)

1. Corporation Name  
K.C.S., INC.

Principal Place of Business  
470 MOSSWOOD BLVD  
INDIALANTIC FL 32903

Mailing Address  
470 MOSSWOOD BLVD  
INDIALANTIC FL 32903

3. Date Incorporated or Qualified 05/16/1985	3a. Date of Last Report 05/01/1994
4. FEI Number 50-2582783	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Zip
Country	Country
24	29
25	30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KRASNICK, KATHLEEN  
470 MOSSWOOD BLVD  
INDIALANTIC FL 32903

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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 resigning)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRASNICK, WILLIAM	1.2 NAME	
STREET ADDRESS	470 MOSSWOOD BLVD	1.3 STREET ADDRESS	
CITY - ST - ZIP	INDIALANTIC FL	1.4 CITY - ST - ZIP	
TITLE	STD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STACK, PETER R.	2.2 NAME	
STREET ADDRESS	420 SECOND AVE	2.3 STREET ADDRESS	
CITY - ST - ZIP	MELBOURNE BEACH FL	2.4 CITY - ST - ZIP	
TITLE	VD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TEGREENE, CLARENCE E.	3.2 NAME	
STREET ADDRESS	9502 S. A1A HWY	3.3 STREET ADDRESS	
CITY - ST - ZIP	MELBOURNE BCH. FL	3.4 CITY - ST - ZIP	
TITLE	VD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRASNICK, KATHLEEN	4.2 NAME	
STREET ADDRESS	470 MOSSWOOD BLVD	4.3 STREET ADDRESS	
CITY - ST - ZIP	INDIALANTIC FL	4.4 CITY - ST - ZIP	
TITLE		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		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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 registered agent or authorized representative of the corporation or the registered agent, or on an attachment with no address, appears in Block 12 of Block 9 of this report, or on an attachment with no address.

SIGNATURE:

*Kathleen Krasnick*  
KATHLEEN KRASNICK

4/24/95 (407) 728-7436

TYPED NAME AND TYPO OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

PHONE NUMBER