

**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 # **H57416 (0)**  
1. Corporation Name  
**K.C.S., INC.**

**FILED**  
**Apr 26, 1996 08:00 AM**  
**Secretary of State**



Principal Place of Business: **470 MOSSWOOD BLVD INDIALANTIC FL 32903**  
Mailing Address: **470 MOSSWOOD BLVD INDIALANTIC FL 32903**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 <b>1505 A.I.A. Hwy</b>		26 <b>1505 A.I.A. Hwy</b>		<b>05/16/1985</b>		<b>05/01/1995</b>	
22 Suite, Apt. #, etc. <b>* 203</b>		27 Suite, Apt. #, etc. <b>203</b>		4. FEI Number <b>59-2582783</b>		Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
23 City & State <b>INDIALANTIC FL</b>		28 City & State <b>INDIALANTIC FL</b>		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
24 Zip <b>32903</b>		29 Zip <b>32903</b>		30 Country <b>BREVARD</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
25 Country <b>BREVARD</b>		30 Country <b>BREVARD</b>		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<b>\$5.00 May Be Added to Fees</b>	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>KRASNICK, KATHLEEN</b> <del>470 MOSSWOOD BLVD</del> <b>1505 A.I.A. Hwy # 203</b> <b>(INDIALANTIC FL 32903)</b>				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				<b>FL</b>			
				85 Zip Code			

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: *Kathleen Krasnick* DATE: **4-22-96**  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KRASNICK, WILLIAM</b>	1.2 NAME	
STREET ADDRESS	<b>470 MOSSWOOD BLVD</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>INDIALANTIC FL</b>	1.4 CITY-ST-ZIP	
TITLE	STD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STACK, PETER R.</b>	2.2 NAME	<b>KATHLEEN KRASNICK</b>
STREET ADDRESS	<b>420 SECOND AVE</b>	2.3 STREET ADDRESS	<b>1505 A.I.A. HWY # 203</b>
CITY-ST-ZIP	<b>MELBOURNE BEACH FL</b>	2.4 CITY-ST-ZIP	<b>INDIALANTIC FL 32903</b>
TITLE	VD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TEGREENE, CLARENCE E.</b>	3.2 NAME	<b>VICE PRES. BRENDA TEGREEN</b>
STREET ADDRESS	<b>9502 S. A1A HWY</b>	3.3 STREET ADDRESS	<b>9502 S. A1A HWY</b>
CITY-ST-ZIP	<b>MELBOURNE BCH. FL</b>	3.4 CITY-ST-ZIP	<b>MELBOURNE BCH. FL 32951</b>
TITLE	VD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KRASNICK, KATHLEEN</b>	4.2 NAME	<b>VICE PRES. MARTIN KRASNICK</b>
STREET ADDRESS	<b>470 MOSSWOOD BLVD</b>	4.3 STREET ADDRESS	<b>1505 A.I.A. HWY 203</b>
CITY-ST-ZIP	<b>INDIALANTIC FL</b>	4.4 CITY-ST-ZIP	<b>INDIALANTIC FL 32903</b>
TITLE	<b>2nd VICE PRES</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PETER R. STACK</b>	5.2 NAME	
STREET ADDRESS	<b>420 SECOND AVE</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MELBOURNE BCH FL. 32951</b>	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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(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 this 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.

SIGNATURE: *Martin Krasnick* DATE: **4-21-96** (407) 725-4020  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)