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FILED

**Apr 10 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # H57416 (0)

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



Principal Place of Business

1505 A1A HWY7
203
INDIALANTIC FL 32903
US

Mailing Address

1505 A1A HWY
203
INDIALANTIC FL 32903-2740
US

3. Date Incorporated or Qualified
05/16/1985

3a. Date of Last Report
04/26/1996

2. Principal Place of Business

21 **3450 GRAN Ave.**

22 Suite, Apt. #, etc.

23 **Palm Bay, FL**

24 **32905**

25 **BREVARD**

2a. Mailing Address

26 **3450 GRAN Ave.**

27 Suite, Apt. #, etc.

28 **Palm Bay, FL**

29 **32905**

30 **BREVARD**

4. FEI Number

59-2582783

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 liability for intangible tax under s. 199.032, Florida Statutes. Yes No

9. Name and Address of Current Registered Agent

**KRASNICK, KATHLEEN
470 MOSSWOOD BLVD
INDIALANTIC FL 32903**

**2964 Pebble Creek St.
Melbourne, FL 32935**

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 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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	KRASNICK, WILLIAM	
STREET ADDRESS	470 MOSSWOOD BLVD	
CITY - ST - ZIP	INDIALANTIC FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	KATHLEEN KRASNICK	
STREET ADDRESS	1505 A1A HWY 203	
CITY - ST - ZIP	INDIALANTIC FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	BRENDA TERGREEN	
STREET ADDRESS	9502 S A1A HWY	
CITY - ST - ZIP	MELBOURNE BCH FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	MARTIN KRASNICK	
STREET ADDRESS	1505 A1A HWY 203	
CITY - ST - ZIP	INDIALANTIC FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	PETER R. STACK	
STREET ADDRESS	420 SECON AVE	
CITY - ST - ZIP	MELBOURNE BCH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	32935
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	2964 Pebble Creek St.
2.4 CITY - ST - ZIP	Melbourne, FL 32935
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	2964 Pebble Creek St.
4.4 CITY - ST - ZIP	Melbourne, FL 32935
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4 April 97

(407) 725-4020

Date

Daytime Phone #

CR2E034 (9/96)