

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # H77544 (5)

1. Corporation Name

K & S EQUIPMENT REPAIR, INC.



Principal Place of Business

1441 DAVILA ST
NAPLES FL 33999

Mailing Address

P.O. BOX 814
NAPLES FL 33939

3. Date Incorporated or Qualified
09/23/1985

3a. Date of Last Report
01/18/1995

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number
59-2581817

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

10. Name and Address of New Registered Agent

FITZEK, JAMES K.
1 TREE FARM RD
NAPLES FL 33939

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

1441 DAVILA ST

83

84 City

NAPLES

FL

85

Zip Code

33999

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

JAMES K. FITZEK

(NOTE: Registered Agent signature required when effecting change)

1-22-96
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
PO
FITZEK, JAMES K.
PO BOX 814 - 1441 DAVILA ST
NAPLES FL NAPLES, FL. 33999

DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
STD
FITZEK, SANDRA K.
PO BOX 814 - 1441 DAVILA ST.
NAPLES FL NAPLES, FL. 33999

DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

DELETE

1. TITLE

12 NAME

13 STREET ADDRESS

14 CITY- ST- ZIP

2. TITLE

22 NAME

23 STREET ADDRESS

24 CITY- ST- ZIP

3. TITLE

32 NAME

33 STREET ADDRESS

34 CITY- ST- ZIP

4. TITLE

42 NAME

43 STREET ADDRESS

44 CITY- ST- ZIP

5. TITLE

52 NAME

53 STREET ADDRESS

54 CITY- ST- ZIP

6. TITLE

62 NAME

63 STREET ADDRESS

64 CITY- ST- ZIP

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

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 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

JAMES K. FITZEK

4-23-96 (941) 455-3444
Date Daytime Phone

CR2E034 (12/95)