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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H97045

(9)

KEN THORNBERRY & ASSOCIATES, INC.

FILED
May 12 1997 8:00am
Secretary of State



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4951 NORTH UNIVERSITY OR SUITE 15		4951 NORTH UNIVERSIT	YDR	·				
	1 20251	Suite 15 Lauderhill FL 33351-4	ene		į į			
LAUDERHILL FI US	L 33351	US	300		6 Data la sero protest es Ovolifica	l lee Do	in aft out l	Danad
08		00	,		3. Date Incorporated or Qualified 01/29/1986 3a. Date of Last Report 04/29/1996		тероп	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number		A	pplied For	
1		26	26		59-2637733 Not A		ot Applicable	
Suite, Apt #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		6. Certificate of Status Desired	X	\$8.75 Additional Fee Regulred	
City & State	0	City & State	······································		6. Election Campaign Financing			May Be
23		28			Trust Fund Contribution			to Fees
Zip	Country	Zip	Counte	ry	8. This corporation has liability for	r intangible	tax under	s. 199.032,
24	25	29	30] No	
	9. Name and Address of Cu	rrent Registered Agent			10. Name and Address of New F	legistered A	gent	
THO)rnberry, Kenneth D.		81	Name				
495 ⁻	1 North University DR S	UITE 15	82	2 Street Add	dress (P.O. Box Number is Not Accept	able)	····	
SUITE 12								
LAU	IDERHILL FL 33351		63	3				
			84	4 City			85 Zip	Code
						FL.		
11. Pursuant t	to the provisions of Sections 607	.0502 and 607.1508, Florida Stati	utes, the abo	ve-named cor	rporation submits this statement for the ation's board of directors. I hereby acc	purpose of	changing	Its registered
Office or re	egistered agent, or both, in the 5	state of Florida. Such change was abligations of Spetion 607,0505. F	s authorized b Florida Statute	by the corpore	ation's board of directors. I hereby acc	ept the app	ointment as	s registered
	in lammar with, and accept the o	ibligations of, occiton oor, occo, i	IONGE GIAIGIE	55 .				
SIGNATURE	Signature: typed or printed name of registers							
		ed agent and title it applicable (MC	TF: Bonislared A	nent signatura reni	light when reinstation)	DATE		
12				gent signature requ	ulred when reinstating) ADDITIONS/CHANGES TO OFF	DATE	DIRECTO	RS IN 12
12.	OFFICERS	AND DIRECTORS	13.		uired when reinstating) ADDITIONS/CHANGES TO OFF			
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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 eath; that I am an officer or directly of the corporators 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 changes, or on a further with an address.

SIGNATURE:

ONATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OF BIRECT

4/26/97 (594)748-3779