

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Mar 19 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 # J21595 (0)
1. Corporation Name
KOCH ENTERPRISES, INC.



Principal Place of Business: ~~2830 WILDERNESS RD. WEST PALM BEACH FL 33409~~
Mailing Address: ~~2830 WILDERNESS RD. WEST PALM BEACH FL 33409-2027~~

3. Date Incorporated or Qualified: 06/27/1986
3a. Date of Last Report: 02/08/1996
4. FEI Number: 59-2730730
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business
21. 1822 Breakers West Ct.
22. -
23. W. PALM BEACH, FL.
24. 33411
25. U.S.A.
26. 1822 Breakers West Ct.
27. -
28. W. PALM BEACH, FL.
29. 33411
30. U.S.A.

9. Name and Address of Current Registered Agent
KOCH, MARK W
2830 WILDERNESS RD.
WEST PALM BEACH FL 33409

10. Name and Address of New Registered Agent
81. Name: KOCH, MARK W.
82. Street Address (P.O. Box Number is Not Acceptable): 1822 BREAKERS West Ct.
83. -
84. City: W. PALM BEACH, FL
85. Zip Code: 33411

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	PS	<input type="checkbox"/> DELETE
NAME	KOCH, MARK W	
STREET ADDRESS	2830 WILDERNESS	
CITY - ST - ZIP	WEST PALM BEACH FL 33409	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
1.1 TITLE	PS	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
1.2 NAME	KOCH, MARK W.		
1.3 STREET ADDRESS	1822 Breakers West Ct.		
1.4 CITY - ST - ZIP	W. PALM BEACH, FL. 33411		
2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY - ST - ZIP			
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 type="checkbox"/> Change	<input type="checkbox"/> Addition
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY - ST - ZIP			
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)(j), Florida Statutes. I further certify that the information included 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 appointment with an address.

SIGNATURE: _____ DATE: 3-12-97 (561) 792-9950

CR2E034 (9/96)