

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

**FILED**  
**Jun 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 # **J34754**  
 1. Corporation Name  
**K & K Investment Enterprises INC**

Principal Place of Business **and** Mailing Address  
**27 Trotters Circle**  
**Kissimmee, Florida 34743**

2. Principal Place of Business	2a. Mailing Address
21 <b>27 TROTTERS CIRCLE</b>	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 <b>KISSIMMEE, Florida</b>	28
24 <b>34743</b>	25 <b>U.S.A.</b>
29	30

3. Date Incorporated or Qualified <b>SEPT 1986</b>	3a. Date of Last Report <b>1996</b>
4. FEI Number <b>59-3406278</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**Howard S. Weinstein, Esq.**  
**% Thomas E. Glick, P.A.**  
**11900 Biscayne Blvd - Suite 740**  
**NORTH MIAMI, FLORIDA 33181**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	<b>FL</b>
83	
84 City	

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

TITLE	<b>PRESIDENT</b>	<input type="checkbox"/> DELETE
NAME	<b>STELIO DEBRITTO</b>	
STREET ADDRESS	<b>27 TROTTERS CIRCLE</b>	
CITY-ST-ZIP	<b>KISSIMMEE, FLORIDA 34743</b>	
TITLE	<b>VICE PRES.</b>	<input type="checkbox"/> DELETE
NAME	<b>RAFAELINA DEBRITTO</b>	
STREET ADDRESS	<b>27 TROTTERS CIRCLE</b>	
CITY-ST-ZIP	<b>KISSIMMEE, FLORIDA 34743</b>	
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

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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	<b>100002211181</b>
4.3 STREET ADDRESS	<b>-06/13/97--01014--042</b>
4.4 CITY-ST-ZIP	<b>***165.00</b>
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	<b>400002211181</b>
6.3 STREET ADDRESS	<b>-06/13/97--01014--042</b>
6.4 CITY-ST-ZIP	<b>***165.00</b>

*Signature*  
**6-10-97**

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: **Stelio De Britto** PRES. **6/4/97** **407-348-8439**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)