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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

Ti Corporation	KY ENTERPRISES, INC.	(6)  Mailing Address			
222 LAKEVIEW AVE #188 WEST PALM BEACH FL 33401		222 LAKEVIEW AVE., #188 WEST PALM BEACH FL 33401-8148			÷
			'	3. Date Incorporated or Qualified 10/24/1986	<b>3a.</b> Date of Last Report <b>04/25/1996</b>
2. Principal Pi	ace of Business	2a. Mailing Address		4. FEI Number 59-2730212	Applied For Not Applicable
Suite, Apt	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	0	City & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
7ip	Country 25	Zip 29	Country 30	This corporation has liability for in     Florida Statutes	ptangible tax under s. 199.032, Yes 2 No
<u></u>	9. Name and Address of Current		·*····	10. Name and Address of New Reg	glatered Agent
222	OFSKY, STEPHEN D. LAKEVIEW AVE., #168 ST PALM BEACH FL 33401-3148		81 Name 82 Street Add	iress (P.O. Box Number is Not Acceptab	(e)
			84 City		FL 85 Zip Code
   SIGNATURE			ites, the above-named cor authorized by the corpora forida Statutes,	poration submits this statement for the pi tion's board of directors. I hereby accep	urpose of changing its registered in the appointment as registered
	Signature typed or priored name of log stered agent	······································	TE: Registered Agent signature requ		DATE
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICE	
TIFLE	P	DELETE	1.1 TITLE	•	Change Addition
NAME	BAROFSKY, STEPHEN D.		1.2 NAME		•
STREET ADDRESS			1.3 STREET ADDRESS		
CiTY-ST-ZiP	W PALM BCH FL		. 1.4 CITY-ST-ZIP		
TITLE	V	DELETE	2.1 TITLE		Change L Addition
NAME	BAROFSKY, GAIL		2.2 NAME		
STREET ADDRESS	% 222 LAKEVIEW AVE #168		2.3 STREET ADDRESS		
CHY-ST-ZIF	W PALM BCH FL	Dtypre	2. 4 CITY-SY-ZIP		Change
TITLE		☐ DELETE	31 TITLE		Change Addition
NAME EXECUTADORGES			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY+ST-7IP TITLE		DELETE	3.4. C(TY-ST-2)P 4.1 TITLE		Change Addition
NAME		<b>—</b> · · · · · · · ·	4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
City-ST-ZIP			4.4 CITY - ST - ZIP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		·
STREET ADDRESS	١		5.3 STREET ADDRESS		
CITY-ST-Z-P			5.4 CITY-ST-ZIP		
104.6		☐ DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY - S1 - 7IP			6.4 CITY-ST-ZIP		

I do hereby certify that the information supplied with this filing does not quality 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 corposation 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 or an attachment with an address.

**SIGNATURE:** 

**FILED** 

Apr 15 1997 8:00am

Secretary of State