FILE NOW: FILING FEE	AFTER MAY 1 IS	\$225.	00			
PROFIT CORPORATION ANNUAL REPORT 1996	FLORIDA DEPART Sandra B. Secretary	FLORIDA DEPARTMENT OF STATE Sandra B. Mortnam Secretary of State DIVISION OF CORPORATIONS				
DOCUMENT # J4872	23 (7)					
K RESOURCE CORP.						
Principal Place of Business Making Address 109 EXECUTIVE CIRCLE DAYTONA BEACH FL 32114-1136 DAYTONA BEACH FL 32114-11				3. Date Incorporated or Qualified 12/23/1986	3a. Date of Last Report 04/14/1995	
2. Principal Place of Business	2a. Mailing Address			4. FEI Number 59-2815634	Applied For Not Applicable	
Suite, Apt. #, etc.	Suite Apt. #, etc			5. Certificate of Status Desired	S8.75 Additional Fee Required	
City & State	Crty & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip Country	28	Countr	у		: ∐No	
9. Name and Address of Curre		1401		10. Name and Address of New F	tegistered Agent	
9. Name and Address of Curre	site riogionero	8	1 Name			
** PALMETTO CHARTER SERVICES, INC.		8	2 Street Ad	Address (P.O. Box Number is Not Acceptable)		
- 150 MAGNOLIA AVE		8	3			
PO BOX 191 DAYTONA BEACH FL 32015		l l	4 Gity		FL 85 Zip Code	
11. Pursuant to the provisions of Sections £07.05 or registered agent, or both, in the State of Fit familiar with, and accept the obligations of, Sc	oction 607,0505, Florida Statutes	S.			DA'E	
SIGNATURE Signature, spied or ported name of reputeers as	p		Jerit signature re	PURPLE When remistating? ADDITIONS/CHANGES TO OF	FICERS AND DIRECTORS IN 12	
12. OFFICERS A	AND DIRECTORS	13.	· T	S/T	Change Addition	
TITLE PST	DELETE	1.2 NA		GALLAGHER, BRIDGET	-	
NAME GALLAGHER, KEITH U.				109 EXECUTIVE CIRCLE		
STREET ADDRESS 109 EXECUTIVE CIRCLE			EET ADOFESS	DAYTONA REACH 11, 32	114	

☐ Unange ☐ Addition DAYTONA BEACH FL CITY-ST-ZIP DELETE 2 1 1114 TITLE 22 NAMÉ NAME 2.3 STREET ADDRESS STREET ADDRESS 2 4 CiTY - ST - ZIF Addition ☐ Change CITY - ST-ZIP DELETÉ 3. 1 THUE TITLE 3.2 NAME NAMÉ 3.3 STREET ADDRESS STREET ADDRESS 3 4 CHY-ST-ZIP Addition Change CITY - ST - ZIP DELETE. 4 1 TITLE TITLE 4 2 NAME NAME 4 3 STREET ADDRESS STREET ADDRESS 900001829519 -05/20/96--01050--023 ****200 00 4.4 CITY - ST - ZiP Add tion CITY-ST-ZIP DELETE 5 1 LILE TITLE 5.2 NAME NAME 5.3 STREET ADORESS ***200.00 STREET ADDRESS 5 4 City - ST ZIP Addition 2 Change CITY - ST - ZIP DELETE 6 1 THLE TITLE 6.2 NAME 6.3 STHEET ADORESS STREET ADDRESS

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 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 certify that I arm 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:

SIGNAT

904 255 0519