

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Murtham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **J52888** (1)
1. Corporation Name
KCKC ENTERPRISES, INC.



Principal Place of Business: **7231 SOUTHERN BLVD C-8 WEST PALM BEACH FL 33413 US**
Mailing Address: **724 N. ATLANTIC DR. LANTANA FL 33462 US**

3. Date Incorporated or Qualified: **01/09/1987**
3a. Date of Last Report: **05/01/1995**
4. FLE Number: **59-2753692**
Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$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**
2a. Mailing Address: **26 18563 60th Str. North**
Suite, Apt. #, etc: **27**
City & State: **28 Lovelatchee, FL**
Zip: **29 33470** Country: **30 USA**

9. Name and Address of Current Registered Agent
**HILGENDORF, KENNETH STEVEN
114 PARKWOOD DR
ROYAL PALM BEACH FL 33411**

10. Name and Address of New Registered Agent
81 Name: **Alan C. Wills**
82 Street Address (P.O. Box Number is Not Acceptable): **18563 60th Str. North**
83 City: **Lovelatchee** 85 Zip Code: **FL 33470**

11. Pursuant to the provisions of Sections 607.0507 and 607.1504, 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: *[Signature]* DATE: **4/29/96**

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	HILGENDORF, KENNETH S.	
STREET ADDRESS	724 N. ATLANTIC DRIVE	
CITY-ST-ZIP	LANTANA FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	HILGENDORF, CATHY M.	
STREET ADDRESS	724 N. ATLANTIC DRIVE	
CITY-ST-ZIP	LANTANA FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	HILGENDORF, EDNA RUBY	
STREET ADDRESS	124 WATERWAY RD.	
CITY-ST-ZIP	ROYAL PALM BEACH FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	RICE, HELEN	
STREET ADDRESS	8 POLO CIRCLE	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	VP, TREAS.	<input type="checkbox"/> DELETE
NAME	ALAN C. WILLS	
STREET ADDRESS	18563 60th Str. North	
CITY-ST-ZIP	Lovelatchee, FL 33470	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Pres. Sec.	<input checked="" 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		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	VP TREAS.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Alan C. Wills Wills, Alan C.	
5.3 STREET ADDRESS	18563 60th Str. North	
5.4 CITY-ST-ZIP	Lovelatchee, FL 33470	
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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(g), 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, if an address.

SIGNATURE: *[Signature]* DATE: **4/29/96** 407-533-5864

CR2E034 (12/95)