

FILE NOW: FILING FEE AFTER MAY 1ST IS \$500.00

FILED
Mar 31 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morone Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # J52888 (1)

1. Corporation Name
KKCC ENTERPRISES, INC.

Principal Place of Business 7231 SOUTHERN BLVD C-8 WEST PALM BEACH FL 33413 US	Mailing Address 18563 60TH STR. NORTH LOXAHATCHEE FL 33470 US
---	---



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1140 Watertower Rd. Suite, Apt. #, etc. 22 Bay # 7 City & State 23 Lake Park, FL Zip Country 24 33403 25 Palm Bch.		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30	
---	--	--	--

3. Date Incorporated or Qualified 01/09/1987	
4. FEI Number 59-2753692	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

WILLS, ALAN C
18563 60TH STR. NORTH
LOXAHATCHEE FL 33470

10. Name and Address of New Registered Agent

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

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: Registeror, Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PS	1.1 TITLE	PS
NAME	HILGENDORF, KENNETH S.	1.2 NAME	Alan C. Wills
STREET ADDRESS	724 N. ATLANTIC DRIVE	1.3 STREET ADDRESS	18563 60th St. N.
CITY-ST-ZIP	LANTANA FL	1.4 CITY-ST-ZIP	Loxahatchee, FL 33470
TITLE	VPT	2.1 TITLE	VPT
NAME	WILLS, ALAN C	2.2 NAME	Maria Aloisi
STREET ADDRESS	18563 60TH STR. NORTH	2.3 STREET ADDRESS	18563 60th St. N.
CITY-ST-ZIP	LOXAHATCHEE FL	2.4 CITY-ST-ZIP	Loxahatchee, FL 33470
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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.

CR2E034 (10/97)

Alan C. Wills 334-98 561-...