

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # J61239 (6)

1. Corporation Name

DON KNIGHT ENTERPRISES, INC.

Principal Place of Business

8037 W. SAMPLE RD., #6
CORAL SPRINGS FL 33065

Mailing Address

8037 W. SAMPLE RD., #6
CORAL SPRINGS FL 33065



2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 State, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

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9. Name and Address of Current Registered Agent

OSINSKI, VAL L.
3000 N. UNIVERSITY DR
SUITE A, BELLE TERRE W.
CORAL SPRINGS FL 33065

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 607.04(2) and 607.15(1), Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or moving its principal place of business, as 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, Florida Statutes.

SIGNATURE

Don Knight

4-16-96

12. OFFICERS AND DIRECTORS

TITLE	PD	[] DELETE
NAME	KNIGHT, DON E.	
STREET ADDRESS	8037 W. SAMPLE RD., #6	
CITY-STATE-ZIP	CORAL SPRINGS FL	
TITLE		[] DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		[] DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		[] DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		[] DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13.

11 TITLE	[] Change [] Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-STATE-ZIP	[] Change [] Addition
15 TITLE	
16 NAME	
17 STREET ADDRESS	
18 CITY-STATE-ZIP	[] Change [] Addition
19 TITLE	
20 NAME	
21 STREET ADDRESS	
22 CITY-STATE-ZIP	[] Change [] Addition
23 TITLE	
24 NAME	
25 STREET ADDRESS	
26 CITY-STATE-ZIP	[] Change [] Addition
27 TITLE	
28 NAME	
29 STREET ADDRESS	
30 CITY-STATE-ZIP	[] Change [] Addition
31 TITLE	
32 NAME	
33 STREET ADDRESS	
34 CITY-STATE-ZIP	[] Change [] Addition
35 TITLE	
36 NAME	
37 STREET ADDRESS	
38 CITY-STATE-ZIP	[] Change [] Addition
39 TITLE	
40 NAME	
41 STREET ADDRESS	
42 CITY-STATE-ZIP	[] Change [] Addition

14. I do hereby certify that the information supplied with this filing is voluntary, furnished and does not qualify for the exemption stated in Section 119.07(3)(a), 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 responsible for conducting the report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13, unchanged, or on an attached form with an address.

SIGNATURE:

Don Knight
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-16-96 565-4688
Date of Filing #

CR2E034 (12/95)