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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT # 1. Corporation Name

2. Principal Place of Business

Suite, Apt. #, etc.

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(0)

2a. Maring Address

Suite: Apit. #, etc.

KEN'S GRAPHIC EMPORIUM, INC.

Principa' Place of Business	Mailing Address
14471 60TH ST. N.	14471 60TH ST. N.
Clearwater Fl. 34620	CLEARWATER FL 34620

3.	Date Incorporated or Qualified 11/20/1987	3a. C	O5/01/1995	
4.	FEI Number 59-2869201	-L.,	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	

Oity & State		City & State			Trust Fund Contribution	Added to Fees
Zip	Country 25	Ζιρ 29	30	untry	8. This corporation has liability for intangible to Florida Statutes Yes No	
9. Name and Address of Current Registered Agent				B1 Name	10. Name and Address of New Registered Agent	
GENERAL UPDATE, INC. 2831 VALENCIA LN. W.			[-	82 Street Address (P.O. Box Number is Not Acceptable)		
	IARBOR FL 34684			83		85 Zin Gode

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

·	grande spied of present the analysis of dijection to the OFFICERS AND DIREC	CTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
iz.	DPTS	DELFTE	i i TiTLE	Change Addition
IAME	RADTKE, KENNETH		1.2 NAME	
THEET ADDRESS	2225 NURSERY RD. #13205		1.3 STREET ADDRESS	
TY-ST-ZP	CLEARWATER FL		14 CITY - S* - Z:P	
7LE	- Carlo	DELETE	2 1 TITLE	Change Addition
AME			2.2 NAME	
IREET ADDRESS			2.3 STREET ADDRESS	
TY-ST-ZP			2.4 CITY S1-7IP	
ILE		☐ DELETE	. 3 1 TITLE	Change Additio
ME			3.2 NAME	
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TY-ST-ZIP			34 City-St. ZiP	
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AME			6.2 NAME	
STREET ADDRESS			63 STREET ADDRESS	
NTV.ST. NP			E 4 CITY ST-ZIP	The state of the s

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 oath; that I am an officer or director of the corporation or the receiver or trusted 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: X SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR