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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEP**AR**TMENT OF STATE

Sandra B Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT # K52789

(0)

	K CELL, INC.								
Principal Place of Business Mailing Address 5 VIA AURELIA PALM BCH GDNS FL 33418 US US Mailing Address 5 VIA AURELIA PALM BCH GDNS FL 33418 US			S FL 334 18	341B					
						3. Date Incorporated or Qualified 12/10/1988	3a. Date of 03/0	Last нер)9/1995	
2. Principal Pla	ace of Business	2a. Mailing Address	s			4. FEI Number			oplied For
21		26			***********	65-0099726	····		ot Applicable
Suite, Apt. #		Suite, Apt. #, e	etc.			5. Certificate of Status Desired		\$8.75 / Fee Re	Additional equired
City & State	3	City & State				6. Election Campaign Financing		\$5.00	
Zip 2	Country	28		ountry		Trust Fund Contribution 8. This corporation has liability for		Added 1	
24	25	29	30	ZOCII III y			intangibie tax t s □No	inders i	99.032,
<u></u>	9. Name and Address of Cu	and the second s		1		10. Name and Address of New		ent	
1	THE REST OF THE PERSON NAMED OF THE PERSON NAM			81	Name				
CELL, C	CHARLES			82	Street A	Address (P.O. Box Number is Not Accepta	ble)		
5 VIA AURELIA						Production of the Production o			
Palm bi	EACH GARDENS FL 33418			83					
		1		84	Crty		FL	85 Zip (Code
or registere familiar wit	to the provisions of Spotions 607.5 ed agent, or both, in the State of the accept the bligations of	Florida. Sugiyonango was au Section 607/9>05/ logida Sta	ithor ize d by th situles	e corp	oration's k	board of directors. I hereby accept the app	pointment as reg	gistered a	igent. I am
	Signature typed of printers and of replants	The of the state o	(NOTE Flogiste	red Ager		quired when reinstating)	2/676/1 DATE	P&	
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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 und oath; that I am an officer or director of the corporation of the receiver or trustee empowers to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapters, or on an attachment with an appears in Block 12 or Block 13.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

120/96 40 694 210 Degle Degle Degree #