

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

DOCUMENT # **K73572** (5)

1. Corporation Name

**EXPERIMENT K SIGN & BANNER, INC.**



Principal Place of Business

Mailing Address

~~8817 SW 129TH STREET~~  
8871 S.W. 129 ST.  
MIAMI FL 33176  
US

~~8817 SW 129TH STREET~~  
8871 S.W. 129 ST.  
MIAMI FL 33176  
US

?  
TOP  
LINE  
WRONG...

NOW  
CORRECT.

2. Principal Place of Business

2a. Mailing Address

Suite, Apt #, etc

Suite, Apt #, etc

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KRUGER, KERRY ALAN**  
8871 S.W. 129 ST.  
MIAMI FL 33176

11. Name

12. Street Address (P.O. Box Number is Not Acceptable)

13. 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 provisions of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature of registered agent or registered agent with authority

(NOTE: Registered agent's signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

DP  
KRUGER, KERRY ALAN  
8871 S.W. 129 ST.  
MIAMI FL

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
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STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

11. Name  
12. Street Address  
13. City- ST- ZIP

21. Name  
22. Street Address  
23. City- ST- ZIP

31. Name  
32. Street Address  
33. City- ST- ZIP

41. Name  
42. Street Address  
43. City- ST- ZIP

51. Name  
52. Street Address  
53. City- ST- ZIP

61. Name  
62. Street Address  
63. City- ST- ZIP

71. Name  
72. Street Address  
73. City- ST- ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and I do 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 trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Kerry Kruger*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**KERRY KRUGER**

7.25.96 (305) 255-1099  
Date Closing Period

CR2E034 (3/96)