

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

CORPORATION
ANNUAL REPORT
1995



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

**APPROVED
AND
FILED**

95 APR -7 AM 4:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K74467** (7)

1. Corporation Name
KEN ECKELSON, INC.

Principal Place of Business Mailing Address
814 SW 6TH AVE HALLANDALE FL 33009

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified **03/22/1999** 3a. Date of Last Report **01/19/1994**

4. FEI Number **65-0106929** 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**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 **2771 N.W. 69th Ct.** 26 **SAE**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **FL** 27 **FL**
City & State City & State
23 **FT. LAUDERDALE FL** 28 **FL**
Zip Country Zip Country
24 **33309** 25 **Broward** 29 **FL** 30 **FL**

9. Name and Address of Current Registered Agent
ECKELSON, KEN
814 S.W. 6TH AVE.
HALLANDALE FL 33009

10. Name and Address of New Registered Agent
81 Name **Eckelson, Ken**
82 Street Address (P.O. Box Number is Not Acceptable) **2771 N.W. 69th Ct.**
83 **FL**
84 City **FT. LAUDERDALE** 85 Zip Code **33309**

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: *Ken Eckelson* **KEN ECKELSON**
(Signature, typed or printed name of registered agent and Florida resident) (Typed Agent Signature required when installing) (Date)

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	ECKELSON, KEN
STREET ADDRESS	814 SW 6TH AVE
CITY, ST, ZIP	HALLANDALE FL
TITLE	PD
NAME	ECKELSON, KEN
STREET ADDRESS	814 S.W. 6TH AVE.
CITY, ST, ZIP	HALLANDALE FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	2771 N.W. 69th Ct.
14 CITY, ST, ZIP	FT. LAUDERDALE, FL 33309
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	2771 N.W. 69th Ct.
24 CITY, ST, ZIP	FT. LAUDERDALE, FL 33309
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY, ST, ZIP	

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 110.07(3)(k), Florida Statutes. I further certify that the information included 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 in an attachment with an address.

SIGNATURE: *Ken Eckelson*
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

1/30/95
305-969-5002
(Office Phone)