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Feb 12 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # L01219 (9)

1. Corporation Name
KMK ENTERPRISES, INC.



Principal Place of Business

1450 BEACH RD
ENGLEWOOD FL 34223
US

Mailing Address

1450 BEACH RD
ENGLEWOOD FL 34223-4267
US

3. Date Incorporated or Qualified
07/10/1989

3a. Date of Last Report
08/07/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 P.O. Box 2156

27 Suite, Apt. #, etc.

28 City & State

29 34295 30 SARASOTA

4. FEI Number

65-0132701

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

9. Name and Address of Current Registered Agent

ESTES, KAREN A.
1796 BAYSHORE DRIVE
ENGLEWOOD FL 34223

10. Name and Address of New Registered Agent

81 Name

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

1450 BEACH RD.

84 City

ENGLEWOOD

FL

85 Zip Code

34223

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME ESTES, KAREN A.
STREET ADDRESS 1450 BEACH RD.
CITY-ST-ZIP ENGLEWOOD FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE SEC. TREAS.
1.2 NAME KAREN A. ESTES
1.3 STREET ADDRESS 1450 BEACH ROAD.
1.4 CITY-ST-ZIP ENGLEWOOD, FL 34223

2.1 TITLE PRESIDENT
2.2 NAME KIMBERLY A. ESTES
2.3 STREET ADDRESS 6339 DELLWOOD
2.4 CITY-ST-ZIP WATERFORD, MI 48329

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Karen A. Estes* KAREN A. ESTES

1-3-97

(941) 475-0733

CR2E034 (9/96)