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

FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS L11882 (2)**DOCUMENT #** K.S.T. ENTERPRISE, INC. Principal Place of Business Mailing Address 7380 SAND LAKE ROAD 7380 SAND LAKE ROAD SHITE 115 SUITE 115 ORLANDO FL 32819 ORLANDO FL 32819 3. Date Incorporated or Qualified 3a. Date of Last Report 08/28/1989 05/31/1995 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Arldress 59-2964099 21 26 Not Applicable \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc 5. Certificate of Status Desired Fee Required 22 City & State \$5.00 May Be City & State 6. Election Campaign Financing  $\Box$ Trust Fund Contribution Added to Fees 23 28 Zφ  $Z_{10}$ Country 8. This corporation has liability for intangible tax under s. 199.032. Florida Statutes ☐ Yes ☐ No 24 25 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name COX, ROBERT SCOTT Street Address (P.O. Box Number is Not Acceptable) 82 122 S. CALHOUN STREET 83 TALLAHASSEE FL 32301 Zip Code 84 City 85 11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 Fiorida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. Familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature: typeso or printed name of registeric agent and the if application DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 OFFICERS AND DIRECTORS 13. DELFTE Addition TITLE 1.1100E TABUCHI, K SAM 1.2 NAME NAME 5524 WORSHAM COURT 1.3 STREET ADDRESS STREET ADDRESS WINDERMERE FL CITY - ST - ZIP 14 CHTY - ST-ZIP TITLE DELETE 2 1 TITLE ☐ Change Addit on TABUCHI, YOLANDA 2.2 NAME NAME STREET ADDRESS 5524 WORSHAM COURT 2.3 STREET ADDRESS WINDEREMERE FL CITY-ST-ZIP 24 CITY ST-ZIP DELF!E ☐ Change Addition 3 1 TiTLE TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4 City St-ZiP CITY - S1 - ZIF DELETE Change Add:tion TITLE 4.13008 NAME 4.2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - \$1 - 71P CITY - ST - ZIP DELETE Change Addition 5 1 THUE TITLE 5.2 NAM: NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 C-1 Y - ST - ZIP CITY-ST-ZIP DELETE 6 1 TITLE ☐ Change Addition TITLE

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 comporation or the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changeri, or on an attachment with an address

6.2 NAME

6.3 STREET ADDRESS

6.4 CiTy - S1 - Z/9

SIGNATURE:

NAME

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED AME OF SIGNING OFFICER OR DIRECTOR 4/30/96 (407)351-2800

CR2E034 (12/95)