

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # L70513 (1)

1. Corporation Name

K & S OF SARASOTA, INC.



Principal Place of Business

8383 S. TAMiami TRAIL
SARASOTA FL 34238-2901
US

Mailing Address

8383 S. TAMiami TRAIL
SUITE 121
SARASOTA FL 34238-2901
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified
04/27/1990

3a. Date of Last Report
01/19/1995

4. FET Number

NOT APPLICABLE

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

10. Name and Address of New Registered Agent

WHITTAKER, THOMAS E. C.P.
OF: DOWD & RYDER CPA'S P.A.
1521 S. TAMiami TR. #303
VENICE FL 34292

81 Name

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

83

84 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 obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature of Registered Agent (Print Name, Address, and City and State)

Signature of Registered Agent (Signature required when name change)

DATE

12. OFFICERS AND DIRECTORS

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1. TITLE NAME STREET ADDRESS CITY-STATE-ZIP	1. TITLE NAME STREET ADDRESS CITY-STATE-ZIP
2. TITLE NAME STREET ADDRESS CITY-STATE-ZIP	2. TITLE NAME STREET ADDRESS CITY-STATE-ZIP
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5. TITLE NAME STREET ADDRESS CITY-STATE-ZIP	5. TITLE NAME STREET ADDRESS CITY-STATE-ZIP
6. TITLE NAME STREET ADDRESS CITY-STATE-ZIP	6. TITLE NAME STREET ADDRESS CITY-STATE-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 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Handwritten Signature* VT GAIL MATABLE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-20-96 941-923 2251
Date Day and Phone

CR2E034 (12/95)