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Mar 12 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # L71855 (5)

1. Corporation Name
KATHY'S KORNER, INC.

Principal Place of Business

% KATHLEEN F. BURKS
4739 STATE ROAD 54
NEW PORT RICHEY FL 34652

Mailing Address

% KATHLEEN F. BURKS
4739 STATE ROAD 54
NEW PORT RICHEY FL 34652-5805

3. Date Incorporated or Qualified 04/30/1990	3a. Date of Last Report 05/01/1996
4. FEI Number 59-3003724	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

BURKS, KATHLEEN F.
4739 STATE ROAD 54
NEW PORT RICHEY FL 34652

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	ST	1.1 TITLE	D, P, S, T
NAME	BURKS, KATHLEEN F.	1.2 NAME	
STREET ADDRESS	4739 STATE ROAD 54	1.3 STREET ADDRESS	
CITY - ST - ZIP	NEW PORT RICHEY FL	1.4 CITY - ST - ZIP	
TITLE		2.1 TITLE	VP
NAME	B.	2.2 NAME	BURKS, WILLIAM
STREET ADDRESS		2.3 STREET ADDRESS	4739 S.R. 54
CITY - ST - ZIP		2.4 CITY - ST - ZIP	NEW PORT RICHEY, FL 34652
TITLE		3.1 TITLE	VP
NAME		3.2 NAME	BURKS, CINDY
STREET ADDRESS		3.3 STREET ADDRESS	3401 COLDWELL DRIVE
CITY - ST - ZIP		3.4 CITY - ST - ZIP	HOLIDAY, FL 34691
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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: Kathleen Burks KATHLEEN BURKS 3/5/97 (813) 844-5419

CR2E034 (9/96)