

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # L89934 (8)

1. Corporation Name

KNOWLEDGE EXCHANGE NETWORK CORPORATION



Principal Place of Business: **1481 BELVEDERE BLVD. JACKSONVILLE FL 32205**
Mailing Address: **1481 BELVEDERE BLVD. JACKSONVILLE FL 32205**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21	2574 LADINO LN	26	2574 LADINO LN	07/19/1990	03/30/1995
22	Suite, Apt #, etc	27	Suite, Apt #, etc	4. FEI Number	Applied For
23	City & State	28	City & State	59-3025270	Not Applicable
24	Zip	29	Zip	5. Certificate of Status Desired	\$8.75 Additional Fee Required
25	Country	30	Country	<input type="checkbox"/>	\$5.00 May Be Added to Fees
	32210		32210	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>
	DUVAL		DUVAL	8. This corporation has liability for intangible tax under s. 190.032 Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent			
BRANTLEY, DORIS D. 1481 BELVEDERE AVE. JACKSONVILLE FL 32205		81. Name			
		82. Street Address (P.O. Box Number is Not Acceptable)	2574 LADINO LN		
		83. City	JACKSONVILLE, FL		
		84. City	FL	85. Zip Code	32210

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: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	TITLE	NAME
<input type="checkbox"/> DELETE	D KAHLER, MILFORD S 1481 BELVEDERE AVE JACKSONVILLE FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> DELETE	D RHODEN RICHARD M 1481 BELVEDERE AVE JACKSONVILLE FL	11. TITLE	
<input type="checkbox"/> DELETE	D BRANTLEY, DORIS D 1481 BELVEDERE AVE JACKSONVILLE FL	12. NAME	2574 LADINO LN
<input type="checkbox"/> DELETE		13. STREET ADDRESS	JACKSONVILLE, FL 32210
<input type="checkbox"/> DELETE		14. CITY - ST - ZIP	
<input type="checkbox"/> DELETE		21. TITLE	
<input type="checkbox"/> DELETE		22. NAME	2574 LADINO LN
<input type="checkbox"/> DELETE		23. STREET ADDRESS	JACKSONVILLE, FL 32210
<input type="checkbox"/> DELETE		24. CITY - ST - ZIP	
<input type="checkbox"/> DELETE		31. TITLE	
<input type="checkbox"/> DELETE		32. NAME	2574 LADINO LN
<input type="checkbox"/> DELETE		33. STREET ADDRESS	JACKSONVILLE, FL 32210
<input type="checkbox"/> DELETE		34. CITY - ST - ZIP	
<input type="checkbox"/> DELETE		41. TITLE	
<input type="checkbox"/> DELETE		42. NAME	
<input type="checkbox"/> DELETE		43. STREET ADDRESS	
<input type="checkbox"/> DELETE		44. CITY - ST - ZIP	
<input type="checkbox"/> DELETE		51. TITLE	
<input type="checkbox"/> DELETE		52. NAME	
<input type="checkbox"/> DELETE		53. STREET ADDRESS	
<input type="checkbox"/> DELETE		54. CITY - ST - ZIP	
<input type="checkbox"/> DELETE		61. TITLE	
<input type="checkbox"/> DELETE		62. NAME	
<input type="checkbox"/> DELETE		63. STREET ADDRESS	
<input type="checkbox"/> DELETE		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 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Doris D. Brantley* **6-19-96** **904-722-2722**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATURE OFFICER OR DIRECTOR

CR2E034 (3/96)