

**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
26	DUVAL	31	DUVAL	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>
27	FL	32	FL	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		<table border="1"> <tr> <td>81</td> <td>Name</td> </tr> <tr> <td>82</td> <td>Street Address (P.O. Box Number is Not Acceptable)</td> </tr> <tr> <td>83</td> <td>City & State</td> </tr> <tr> <td>84</td> <td>City</td> </tr> <tr> <td>85</td> <td>Zip Code</td> </tr> </table>		81	Name	82	Street Address (P.O. Box Number is Not Acceptable)	83	City & State	84	City	85	Zip Code
81	Name												
82	Street Address (P.O. Box Number is Not Acceptable)												
83	City & State												
84	City												
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: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D KAHLER, MILFORD S	12 NAME	
STREET ADDRESS	1481 BELVEDERE AVE	13 STREET ADDRESS	2574 LADINO LN
CITY-ST-ZIP	JACKSONVILLE FL	14 CITY-ST-ZIP	JACKSONVILLE, FL 32210
TITLE	<input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D RHODEN RICHARD M	22 NAME	
STREET ADDRESS	1481 BELVEDERE AVE	23 STREET ADDRESS	2574 LADINO LN
CITY-ST-ZIP	JACKSONVILLE FL	24 CITY-ST-ZIP	JACKSONVILLE, FL 32210
TITLE	<input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D BRANTLEY, DORIS D	32 NAME	
STREET ADDRESS	1481 BELVEDERE AVE	33 STREET ADDRESS	2574 LADINO LN
CITY-ST-ZIP	JACKSONVILLE FL	34 CITY-ST-ZIP	JACKSONVILLE, FL 32210
TITLE	<input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		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**

CR2E034 (3/96)