

**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	<b>2574 LADINO LN</b>	26	<b>2574 LADINO LN</b>	<b>07/19/1990</b>	<b>03/30/1995</b>
22	Suite, Apt #, etc	27	Suite, Apt #, etc	4. FEI Number	Applied For
23	City & State	28	City & State	<b>59-3025270</b>	Not Applicable
24	Zip	29	Zip	5. Certificate of Status Desired	<b>\$8.75</b> Additional Fee Required
25	Country	30	Country	<input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
	<b>32210</b>		<b>DUVAL</b>	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>
	<b>DUVAL</b>		<b>32210</b>	8. This corporation has liability for intangible tax under s. 190.032 Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<b>DUVAL</b>		<b>DUVAL</b>	10. Name and Address of New Registered Agent	

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

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	<b>D KAHLER, MILFORD S 1481 BELVEDERE AVE JACKSONVILLE FL</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> DELETE	<b>D RHODEN RICHARD M 1481 BELVEDERE AVE JACKSONVILLE FL</b>	11. TITLE	
<input type="checkbox"/> DELETE	<b>D BRANTLEY, DORIS D 1481 BELVEDERE AVE JACKSONVILLE FL</b>	12. NAME	<b>2574 LADINO LN</b>
<input type="checkbox"/> DELETE		13. STREET ADDRESS	<b>JACKSONVILLE, FL 32210</b>
<input type="checkbox"/> DELETE		14. CITY - ST - ZIP	
<input type="checkbox"/> DELETE		21. TITLE	
<input type="checkbox"/> DELETE		22. NAME	<b>2574 LADINO LN</b>
<input type="checkbox"/> DELETE		23. STREET ADDRESS	<b>JACKSONVILLE, FL 32210</b>
<input type="checkbox"/> DELETE		24. CITY - ST - ZIP	
<input type="checkbox"/> DELETE		31. TITLE	
<input type="checkbox"/> DELETE		32. NAME	<b>2574 LADINO LN</b>
<input type="checkbox"/> DELETE		33. STREET ADDRESS	<b>JACKSONVILLE, FL 32210</b>
<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**

CR2E034 (3/96)