

**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. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # L97226 (9)**

**1. Corporation Name**  
**KSC REALTY AND AUCTION, INC.**

**Principal Place of Business**

**Mailing Address**

**2675 WEST STATE ROAD 434  
LONGWOOD FL 32779  
US**

**2675 WEST STATE RD. 434  
LONGWOOD FL 32779  
US**



**3. Date Incorporated or Qualified**

**08/29/1990**

**3a. Date of Last Report**

**07/24/1995**

**2. Principal Place of Business**  
**21 865 NORTH S.R. 434**

**2a. Mailing Address**  
**26 865 NORTH S.R. 434**

**4. FEI Number**

**59-3028848**

**Applied For**

**Not Applicable**

**22 Suite, Apt #, etc**  
**SUITE 1000**

**27 Suite, Apt #, etc**  
**SUITE 1000**

**5. Certificate of Status Desired**

☐ **\$8.75 Additional Fee Required**

**23 City & State**  
**ALTAMONTE SPRINGS, FL**

**28 City & State**  
**ALTAMONTE SPRINGS, FL**

**6. Election Campaign Financing**  
**Trust Fund Contribution**

☐ **\$5.00 May Be Added to Fees**

**24 Zip** **32714** **25 Country** **USA**

**29 Zip** **32714** **30 Country** **USA**

**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**

**CHANA, KURT  
2675 WEST STATE RD. 434  
LONGWOOD FL 32779**

**81 Name**

**82 Street Address (P.O. Box Number is Not Acceptable)**  
**865 NORTH S.R. 434, #1000**

**83**

**84 City** **ALTAMONTE SPRINGS**

**FL**

**85 Zip Code** **32714**

**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, typed or printed name of registered agent and then if applicable:*

*(NOTE: Registered Agent's signature required when renouncing)*

*Date:*

**12. OFFICERS AND DIRECTORS**

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

**TITLE** ☐ **DELETE**  
**NAME** **D SHOLK, WILLIAM**  
**STREET ADDRESS** **610 SWEETWATER CV BLVD S**  
**CITY - ST - ZIP** **LONGWOOD FL**

**11 TITLE** ☐ **Change** ☐ **Addition**  
**12 NAME**  
**13 STREET ADDRESS**  
**14 CITY - ST - ZIP**

**TITLE** ☐ **DELETE**  
**NAME** **D CHANA, KURT**  
**STREET ADDRESS** **413 WILLOW BROOK**  
**CITY - ST - ZIP** **LONGWOOD FL**

**21 TITLE** ☐ **Change** ☐ **Addition**  
**22 NAME**  
**23 STREET ADDRESS**  
**24 CITY - ST - ZIP**

**TITLE** ☐ **DELETE**  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**

**31 TITLE** ☐ **Change** ☐ **Addition**  
**32 NAME**  
**33 STREET ADDRESS**  
**34 CITY - ST - ZIP**

**TITLE** ☐ **DELETE**  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**

**41 TITLE** ☐ **Change** ☐ **Addition**  
**42 NAME**  
**43 STREET ADDRESS**  
**44 CITY - ST - ZIP**

**TITLE** ☐ **DELETE**  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**

**51 TITLE** ☐ **Change** ☐ **Addition**  
**52 NAME**  
**53 STREET ADDRESS**  
**54 CITY - ST - ZIP**

**TITLE** ☐ **DELETE**  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**

**61 TITLE** ☐ **Change** ☐ **Addition**  
**62 NAME**  
**63 STREET ADDRESS**  
**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:**

*William Sholk* **WILLIAM SHOLK**  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**7/26/96**

**Date**

**407-682-2274**

**Telephone Number**

CR2E034 (3/96)