## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997

CHY SE 712

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

FILED

May 12 1997 8:00am

Secretary of State

96/6)

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

**DOCUMENT # M80326** (5)K & A MARKETING, INC. Principal Place of Business Mailing Address P.O. BOX 7128 215 SE DUXBURY AVE PORT ST. LUCIE FL 34985-7128 PORT ST. LUCIE FL 34983 Sa. Date of Last Report 3. Date Incorporated or Qualified 05/11/1988 04/26/1996 Applied For 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 59-2907240 Not Applicable 21 26 Sule, Apt.#, etc Suite, Apt. #, etc. 8.75 Additional 6. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Country Country 8. This corporation has liability for intangible tax under s. 199.032, Yes No Florida Statutes 24 29 30 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent KELLER, CARL C. 81 Name 215 SE DUXBURY AVENUE Street Address (P.O. Box Number is Not Acceptable) PORT ST. LUCIE FL 34983 **B3** Zip Code 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered as Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered of, Section 607.0505, Florida Statutes. 11. Pursuant to the provis Sections 607 0502 and 6 gent, or both, in the State of F office or registered a agent Lam tamitnd accept the etered Agent signature required when rainstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. D Change Addition  $\Pi^* U$ DELETE 1.1 TIBLE KELLER, CHRISTINE A. 1.2 NAME NAME 215 SE DUXBURY AVENUE 1.3 STREET ADDRESS STREET ADDRESS PORT ST. LUCIE FL 1.4 CITY-ST-ZIP CITY ST-ZIP Addition DELETE Change 11"18 2.1 TITLE ASH, ANNA M. NAME 2.2 NAME 215 SE DUXBURY AVENUE 2.3 STREET ADDRESS STREET ACCORDS PORT ST. LUCIE FL 2. 4 CITY - ST - ZIP DELETE Change Addition 3.1 TITLE THEF NAMI 3.2 NAME STEEL ADDRESS 3 3 STREET ADDRESS 3 4. CITY - ST- ZIP CITY - \$1 - 70F DELETE Change Addition 4.1 TITLE THE 4 2 NAME NAM 4.3 STREET ADDRESS STREET ADORESS 44 CITY - ST - ZIP ONY SE-28 Change Addition \_\_\_ DELETE HILE 51 TITLE 5.2 NAME NAMI **5.3 STREET ADDRESS** STREET ADDRESS 5.4 CITY - ST - ZIP CEY 51-7F DELETE Change Addition 6.1 TITLE THE 6.2 NAME MAMI 6.3 STREET ADDRESS STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do horsely 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 ham 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?