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Mar 06 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # N37779 (8)

1. Corporation Name  
FLORIDA TOKEN KAI, INC.



Principal Place of Business Mailing Address  
C/O CARL M. HALL 17120 GULF BOULEVARD NORTH REDINGTON BEACH FL 33708  
C/O CARL M. HALL 17120 GULF BOULEVARD NORTH REDINGTON BEACH FL 33708-1443

3. Date Incorporated or Qualified 04/23/1990  
3a. Date of Last Report 04/19/1996

2. Principal Place of Business 21 2a. Mailing Address 26  
Suite, Apt. #, etc. 22 27  
City & State 23 28  
Zip 24 Country 25 29 Country 30  
4. FEI Number 59-3018392 Applied For Not Applicable  
5. Certificate of Status Desired \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent  
HALL, CARL M.  
17120 GULF BOULEVARD  
NORTH REDINGTON BEACH FL 33708  
10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	HALL, CARL M.	1.2 NAME	
STREET ADDRESS	17120 GULF BOULEVARD	1.3 STREET ADDRESS	
CITY-ST-ZIP	N.REDINGTON BEACH FL	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	
NAME	HOSTLER, KEITH	2.2 NAME	
STREET ADDRESS	133 LAKE THOMAS DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER HAVEN FL	2.4 CITY-ST-ZIP	
TITLE	TD	3.1 TITLE	
NAME	BAXLEY, TROY	3.2 NAME	
STREET ADDRESS	807 SOUTH EDISON	3.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	3.4 CITY-ST-ZIP	
TITLE	SD	4.1 TITLE	
NAME	PLANTAMURA, WILLIAM	4.2 NAME	
STREET ADDRESS	7476 132ND WAY NORTH	4.3 STREET ADDRESS	
CITY-ST-ZIP	SEMINOLE FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby 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 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: \_\_\_\_\_ DATE: 2/27/97  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: CARL M. HALL - PRES. 813-392-7500

CR2E037 (9/96)