2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000014905

KCE CORPORATION



05-04-2004 90204 044 ***150.00

May 04, 2004 8:00 am Secretary of State

4 V V V I U /

FILED

Principal Place of Business

755 BOARDMAN-CANFIELD RD. SOUTHBRIDGE WEST, BLDG. K-1 YOUNGSTOWN, OH 44512

Mailing Address

755 BOARDMAN-CANFIELD RD. SOUTHBRIDGE WEST, BLDG. K-1 YOUNGSTOWN, OH 44512



04052004

No Chg-P

CR2E034 (10/03)

4. FEI Number 34-1952446

Applied For Not Applicable

5. Certificate of Status Desired

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SAUTTER, C. CHRISTIAN ESQ. 2909 E. CAKLAND PARK BLVD., SUITE 200

FT. LAUDERDALE, FL-99306

2850 North Andrews Ave

	D		214 200	VC		## ##	W	R	× (1)	7
	nui i bi	1	uci it.	CLF #	, ekseli	d549	11.0		£ 144	
	11	N.		HI	S	8	3P	A		
22.5		1.5	8 35	69.3	125		1000	300	11 Table	46000

ö.	. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.	I am familiar with,	and accept
	the obligations of registered agent.		

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

10.	OFFICERS AND DIRECTORS						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KOSAR, BERNARD J JR. 2672 RIVIERA MANOR WESTON, FL 33332						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EPSTEIN, DAVID L 8151 W. PETERS RD. PLANTATION, FL 33324						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COHEN, ALAN P 3320 FAIRFIELD LANE WESTON, FL 33331						
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
NAME STREET ADDRESS CITY-ST-ZIP							

DO NOT WRITE IN THIS SPACE

12. I nereby 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 report or supplemental 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 entry overed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

RINGED NAME OF SIGNING OFFICER OR DIRECTOR