


2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000059348 1. Entity Name K. FLORIDA, INC.	
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FILED

04 MAY -7 AM 9:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 7000 W PALMETTO PARK RD STE 408 BOCA RATON, FL 33433	Mailing Address 7000 W PALMETTO PARK RD STE 408 BOCA RATON, FL 33433
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\$150.00



01072004	Chg-P	CR2E034 (10/03)	04
4. FEI Number 48-1261906		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

2. Principal Place of Business 7000 West Palmetto Park Road Suite, Apt. #, etc. Suite 203 City & State Boca Raton, FL Zip 33433	3. Mailing Address 7000 West Palmetto Park Road Suite, Apt. #, etc. Suite 203 City & State Boca Raton, FL Zip 33433
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6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS ST TALLAHASSEE, FL 32301	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right; font-weight: bold; font-size: 18pt;">FL</div> Zip Code
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8. 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	SVPS	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ASHENFELTER, MARIA S	NAME	
STREET ADDRESS	7000 W PALMETTO PARK RD STE 408	STREET ADDRESS	7000 West Palmetto Park Road, Suite 203
CITY-ST-ZIP	BOCA RATON, FL 33433	CITY-ST-ZIP	
TITLE	VPCO	TITLE	Executive Vice President, COO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COMBS, GREGORY	NAME	Gregory V. Combs
STREET ADDRESS	7000 W PALMETTO PARK RD STE 408	STREET ADDRESS	7000 West Palmetto Park Road, Suite 203
CITY-ST-ZIP	BOCA RATON, FL 33433	CITY-ST-ZIP	
TITLE	P	TITLE	President, Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KONOVER, SIMON	NAME	
STREET ADDRESS	7000 W PALMETTO PARK RD STE 408	STREET ADDRESS	7000 West Palmetto Park Road, Suite 203
CITY-ST-ZIP	BOCA RATON, FL 33433	CITY-ST-ZIP	
TITLE	T	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MIRRIONE, KRISTEN M	NAME	
STREET ADDRESS	7000 W PALMETTO PARK RD STE 408	STREET ADDRESS	7000 West Palmetto Park Road, Suite 203
CITY-ST-ZIP	BOCA RATON, FL 33433	CITY-ST-ZIP	
TITLE	AS	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JANIAK, SUSAN A	NAME	
STREET ADDRESS	342 N MAIN STREET SUITE 200	STREET ADDRESS	
CITY-ST-ZIP	WEST HARTFORD, CT 06117	CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

300036556823

05/18/04--01062--016 **250.00

12. I 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 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 empowered 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.

SIGNATURE: *Gregory V. Combs* Gregory V. Combs
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Executive VP, COO

Date _____ Daytime Phone # _____