

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

FILED

Jan 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # P06251 (3)

1. Corporation Name
KEST, INC.

Principal Place of Business
2331 SPRINGS LANDING BLVD.
LONGWOOD FL 32779

Mailing Address
2331 SPRINGS LANDING BLVD.
LONGWOOD FL 32779-3706



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/30/1985	3a. Date of Last Report 03/05/1996
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 74-0004350	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

SERIO, SUZANNE K.
2331 SPRINGS LANDING BLVD.
LONGWOOD FL 32779

10. Name and Address of New Registered Agent

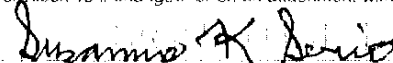
81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
FL	85 Zip Code

11. Pursuant to the provisions of Sections 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD SERIO, SUZANNE K. 2331 SPRINGS LANDING LONGWOOD FL	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SERIO, THOMAS G. 2018 TED HINES DR. TALLAHASSEE FL	1.2 NAME	
STREET ADDRESS	SD SERIO, TAMARA S. 1393 S RIDGELAKE CIRCLE LONGWOOD FL	1.3 STREET ADDRESS	
CITY-ST-ZIP	TD SERIO, TIMOTHY P. 753 SILVERSMITH CIRCLE LAKE MARY FL	1.4 CITY-ST-ZIP	
	SD SERIO, TIFFANY J. 2331 SPRINGS LANDING LONGWOOD FL	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		2.2 NAME	
		2.3 STREET ADDRESS	
		2.4 CITY-ST-ZIP	
		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		3.2 NAME	
		3.3 STREET ADDRESS	
		3.4 CITY-ST-ZIP	
		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		6.2 NAME	
		6.3 STREET ADDRESS	
		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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-7-97 407-774-6187
Date Daytime Phone

CR2E034 (9/96)