

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION
 ANNUAL REPORT
 1996



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

DOCUMENT # **P25852 (5)**
 1. Corporation Name
(FLORIDA) K & M OF FLORIDA, INC.



Principal Place of Business: **120 PERIMETER CENTER WEST ATLANTA GA 30346**
 Mailing Address: **120 PERIMETER CENTER WEST ATLANTA GA 30346**

3. Date Incorporated or Qualified: **08/31/1989** 3a. Date of Last Report: **02/13/1995**
 4. FEI Number: **58-1932640** 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

2. Principal Place of Business: **7700 Roswell Road** 2a. Mailing Address: **7700 Roswell Road**
 Suite, Apt. #, etc.: Suite, Apt. #, etc.:
 22. City & State: **Atlanta, GA** 27. City & State: **Atlanta, GA**
 Zip: **30350** Country: **USA** 29. Zip: **30350** 30. Country:

9. Name and Address of Current Registered Agent: **DOMENICONE, PAT
 8701 NW 189TH STREET, #310B
 HIALEAH FL 33015**
 10. Name and Address of New Registered Agent:
 81 Name: 82 Street Address (P.O. Box Number is Not Acceptable): **2311 E. Ocean Blvd.**
 83 **Melissa Ice Cream**
 84 City: **STUART, FL** 85 Zip Code: **FL 34996**

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: *[Signature]* (DATE: Registered Agent's signature required when reinstating) DATE:

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOMENICONE, PAT	12 NAME	
STREET ADDRESS	120 PERIMETER CENTER W.	13 STREET ADDRESS	7700 Roswell Road
CITY-ST-ZIP	ATLANTA GA 30346	14 CITY-ST-ZIP	Atlanta, GA 30350
TITLE	V <input checked="" type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHOFIELD, ROBERT	22 NAME	
STREET ADDRESS	120 PERIMETER CENTER W.	23 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA 30346	24 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(a), Florida Statutes. I further certify that the information and data 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 2 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE: State of Florida

CR2E034 (3/96)