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

PROFIT CORPORATION ANNUAL REPORT

1997

KHSS, INC.



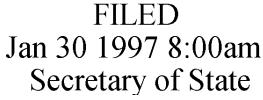
FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P35915

(8)





Principal Plac	e of Business	Mailing Address	Mailing Address				ו אומין נושים ולפוק הואום וואים ווקים ולפוס הואים הפוסים ואינים ואינים ואינים ואינים המויחסול ו			
283 SECOND ST PIKE SUITE 150 SOUTHAMPTON PA 18968 = 3823		283 SECOND ST PIKE SUITE 150 SOUTHAMPTON PA 18966-3823								
						3. Date Incorporated or 10/11/1991	Qualified 3	a. Date of Last 03/15/1990		
2. Principal F	ace of Business	2a. Mailing Addr				4. FEI Number	······································	Α	pplied For	
21 SamE						23-2659741 Not Applicable				
Suite, Apt	#, etc	Suite, Apt. #,	etc.			5. Certificate of Status D	esired		Additional	
22		27	······································			0,000,000		Fee F	Required	
City & Stat	e	City & State	- -			6. Election Campaign Fi			May Be	
23		 	28			Trust Fund Contribution			to Fees	
Zip	Country	Zip	├ ──	buntry		8. This corporation has I			s. 199.032,	
24	9. Name and Address of Curre	[29]	30			Florida Statutes 10. Name and Address	Ye		<u></u>	
·····	CORPORATION SYSTEM	ur vedisteren vileur		81	Name 🗘	10, Maine and Address	or New Regist	ered Agent		
	00 S. PINE ISLAND ROAD				~~~~	ME				
	ANTATION FL 33324			82	Street Add	ress (P.O. Box Number is No	t Acceptable)			
PL	MNIMION FL 33324			83			***************************************			
				63						
				84	City			FL 85 Zip	Code	
office or r	to the provisions of Sections 607.05 registered agent, or both, in the Stat am familiar with, and accept the oblig	e of Florida. Such chan	ge was authoriz	ed by	the corporat	poration submits this stateme tion's board of directors. I he	nt for the purporeby accept the	ose of changing	its registered s registered	
SIGNATURE	Signature, typical or printed harrie of registered as	për and tile d applicable	(NOTE Registe	red Age	ni sipnalure requi	red when reinstating)	0	MATE		
12.		ND DIRECTORS	13			ADDITIONS/CHANGES			RS IN 12	
TITLE	S	☐ DE	LETE 1.1	TITLE				Change	☐ Addition	
NAME	SOKOLOW, MARLENE		1.2	NAME						
STREET ADDRESS	671 KILLDEER LANE		1.3	STREET	ADDRESS					
CiTY-ST-ZIP	HUNGTINDON VALLEY PA		1.4	CITY-S	T-21P					
TITLE	TD	DE		TITLE				Change	Addition	
NAME	KATZ, HAROLD		2.2	NAME						
STREET ADDRESS	283 2ND ST. PIKE, #150		2.3	STREET	ADDRESS				1	
CITY-ST-ZIP	SOUTHAMPTON PA			CITY-S					1	
TITLE	President	☐ DE		TITLE			·····	Change	Addition	
NAME.	EDWARDS, Jan	nes,	3.2	NAME						
STREET ADDRESS	2648 Marsh	Rd.	3.3	STREET	ADDRESS	1		* 1		
CITY-S*-ZIP	EDWARDS, Jan 2648 Marsh WIM., DE.	19810	3.4	CITY-S	T-ZIP				1	
TIFLE		DE		TITLE			· · · · · · · · · · · · · · · · · · ·	Change	Addition	
NAME			4.3	NAME				_		
STREET ADDRESS			4.3	STREET	ADDRESS]	
CITY-ST-ZIP			1	CITY-5						
TITLE		☐ DE		TITLE			· ····· · · · · · · · · · · · · · · ·	☐ Change	Addition	
NAME			5.2	NAME						
STREET ADDRESS			5.3	STREET	ADDRESS				-	
CHTY - ST - ZIP				CITY-S]	
TITLE		☐ DE		TITLE			<u>-</u>	☐ Change	Addition	
NAME				NAME						
STREET ADDRESS					ADDRESS				ļ	
CrTY-ST-ZIP				CITY-S					İ	
	L		u.,							

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: