

# FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION  
ANNUAL REPORT

1995 1996



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

DOCUMENT # P92000013904 (7)

1. Corporation Name

K & S HOLDINGS OF BROWARD, INC.

Principal Place of Business

Mailing Address

300 HENDRICKS ISLE  
APT 3  
FT. LAUDERDALE FL 33301  
US

300 HENDRICKS ISLE  
APT 3  
FT. LAUDERDALE FL 33301  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
12/23/1992

3a. Date of Last Report  
03/24/1994

4. FEI Number  
65-0375174

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. 196.002,  
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

9. Name and Address of Current Registered Agent

STOW, SCOTT J  
300 HENDRICKS ISLE  
FT LAUDERDALE FL 33301

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.002 and 607.15(6), 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 607.002(6), Florida Statutes.

SIGNATURE \_\_\_\_\_ Date \_\_\_\_\_

12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |                        |                    |                                                                   |
|--------------------|------------------------|--------------------|-------------------------------------------------------------------|
| 1. TITLE           | D                      | 1. TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2. NAME            | STOW, SCOTT J          | 2. NAME            |                                                                   |
| 3. STREET ADDRESS  | 300 HENDRICKS ISLE     | 3. STREET ADDRESS  |                                                                   |
| 4. CITY-ST-ZIP     | FT LAUDERDALE FL 33301 | 4. CITY-ST-ZIP     | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5. TITLE           | D                      | 5. TITLE           |                                                                   |
| 6. NAME            | STOW, KAREN A          | 6. NAME            |                                                                   |
| 7. STREET ADDRESS  | 300 HENDRICKS ISLE     | 7. STREET ADDRESS  |                                                                   |
| 8. CITY-ST-ZIP     | FT LAUDERDALE FL 33301 | 8. CITY-ST-ZIP     | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 9. TITLE           |                        | 9. TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 10. NAME           |                        | 10. NAME           |                                                                   |
| 11. STREET ADDRESS |                        | 11. STREET ADDRESS |                                                                   |
| 12. CITY-ST-ZIP    |                        | 12. CITY-ST-ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 13. TITLE          |                        | 13. TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 14. NAME           |                        | 14. NAME           |                                                                   |
| 15. STREET ADDRESS |                        | 15. STREET ADDRESS |                                                                   |
| 16. CITY-ST-ZIP    |                        | 16. CITY-ST-ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 17. TITLE          |                        | 17. TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 18. NAME           |                        | 18. NAME           |                                                                   |
| 19. STREET ADDRESS |                        | 19. STREET ADDRESS |                                                                   |
| 20. CITY-ST-ZIP    |                        | 20. CITY-ST-ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 21. TITLE          |                        | 21. TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22. NAME           |                        | 22. NAME           |                                                                   |
| 23. STREET ADDRESS |                        | 23. STREET ADDRESS |                                                                   |
| 24. CITY-ST-ZIP    |                        | 24. CITY-ST-ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 25. TITLE          |                        | 25. TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 26. NAME           |                        | 26. NAME           |                                                                   |
| 27. STREET ADDRESS |                        | 27. STREET ADDRESS |                                                                   |
| 28. CITY-ST-ZIP    |                        | 28. CITY-ST-ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 29. TITLE          |                        | 29. TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 30. NAME           |                        | 30. NAME           |                                                                   |
| 31. STREET ADDRESS |                        | 31. STREET ADDRESS |                                                                   |
| 32. CITY-ST-ZIP    |                        | 32. CITY-ST-ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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)(g), Florida Statutes. I further certify that the information indicated on this form is a report of 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 or changes or on an attachment with an address.

SIGNATURE: *Scott Stow*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR