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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

FILED

Mar 17 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997
DOCUMENT #

P93000002655 (7)

Mailing Address
504 NE 43 STREET

FORT LAUDERDALE FL 33334-3116

KC RODS, INC.

Principal Place of Business

FT LAUDERDALE FL 33334

SIGNATURE:

504 NE 43 STREET

3a. Date of Last Report 3. Date Incorporated or Qualified 01/07/1993 04/25/1996 2a. Mailing Address 4. FEI Number 2. Principal Place of Business Applied For 65-0381723 26 Not Applicable 21 Suite, Apt. #, etc \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Country This corporation has liability for intangible tax under s. 199.032, Country Ζip Zio 30 Florida Statutes Yes No 24 29 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent R1 Name COTE, KENNETH 504 NE 43 ST. 82 Street Address (P.O. Box Number is Not Acceptable) FT LAUDERDALE FL 33334 83 84 City 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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typind or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6) 12. OFFICERS AND DIRECTORS 13. Change Addition PSTD TITLE DELETE 1.1 TITLE COTE. KENNETH 1.2 NAME NAME 2395 N.W. 52ND CT. STREET ADORESS 1.3 STREET ADDRESS FT. LAUDERDALE FL 33309 1.4 CITY - ST - ZIP C(1Y+S1+2)F DELETE Change __ Addition TITLE 2.1 TITLE 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS 2 4 City-ST-ZIP CITY-ST-ZIP Change Addition DELETE 31 TITLE TITLE NAME 32 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY ST-ZP DELETE Change ■ Addition 4.1 TITLE THEF 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY - \$1 - 20 DELETE Change Addition 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY - ST - ZIP DELETE 6.1 TITLE Change Addition TITLE 6.2 NAME NAMÉ **6.3 STREET ADDRESS** 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

KEUNIETH R. COTE 3/10/9