

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY 16 AM 8:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000031793 (1)**

1. Corporation Name
KEMP TONSOR, INC.

Principal Place of Business Mailing Address
**1 FLORIDA PARK DR. SO.
STE 215
PALM COYT FL 32137
OC** **1 FLORIDA PARK DR. SO.
STE 215
PALM COYT FL 32137
OC**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 3a. Date of Last Report
05/03/1993 **04/05/1994**

4. FEI Number Applied For
98-0136277 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**

6. This corporation has liability for intangible tax under S. 195.032, 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 28 Zip 29 County 30 County

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KJELL LARSSON
1 FLORIDA PK DR. SO.
SUITE 215
PALM COAST FL 32137**

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 DATE

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

TITLE	D	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LARSSON, KJELL	1.2 NAME	
STREET ADDRESS	CAYMAN REEF RESORT, WEST BAY RD., #40	1.3 STREET ADDRESS	9 Fern Ct
CITY, ST, ZIP	CAYMAN ISLANDS, B.W.I.	1.4 CITY, ST, ZIP	Palm Coast, FL 32137

TITLE	D	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LARSSON, EVA	2.2 NAME	
STREET ADDRESS	CAYMAN REEF RESORT, WEST BAY RD., #40	2.3 STREET ADDRESS	9 Fern Ct
CITY, ST, ZIP	CAYMAN ISLANDS, B.W.I.	2.4 CITY, ST, ZIP	Palm Coast, FL 32137

TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY, ST, ZIP		3.4 CITY, ST, ZIP	

TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	100001493041
CITY, ST, ZIP		4.4 CITY, ST, ZIP	-05/18/95--01026--001

TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	*****800.00 *****200.00
CITY, ST, ZIP		5.4 CITY, ST, ZIP	

TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY, ST, ZIP		6.4 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)(k), 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, 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 changed, or on an attachment with an address

SIGNATURE: 5/10/95 904-446-1955