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** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 **DOCUMENT #** P93000040253 (5) K.N.J., ASSOCIATES, INC. Mailing Address Principal Place of Business % KAREN BIGHOUSE % KAREN BIGHOUSE **5445 ENDICOTT PLACE** 5445 ENDICOTT PLACE OVIEDO FL 32765 3a. Date of Last Report 3. Date Incorporated or Qualified OVIEDO FL 32765 07/25/1995 06/01/1993 Applied For 4. FEI Number 2a. Mailing Address 2. Principal Place of Business 59-3190257 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 \$5.00 May Be 6. Election Campaign Financing City & State City & State Added to Fees Trust Fund Contribution 28 23 8. This corporation has liability for intangible tax under s 199 032 Country Zip Country Zip Yes No Florida Statutes 29 30 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name BIGHOUSE, KAREN Street Address (P.O. Box Number is Not Acceptable) 82 5445 ENDICOTT PLACE OVIEDO FL 32765 83 Zip Code 64 City 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. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and their applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (3/96) 13. OFFICERS AND DIRECTORS 12. Change Addit on DELETE TITLE CR2E034 1.2 NAME BIGHOUSE, KAREN NAME 1.3 STREET ADDRESS **5445 ENDICOTT PLACE** STREET ADDRESS 1.4 CHY - ST - 7IP **OVIEDO FL 32765** CITY - ST- ZIP Change Addition DELETE 21 TITLE TITLE 22 NAME NAME 23 STREET ADDRESS STREET ADDRESS 2 4 CITY - ST - ZIP CITY - ST - ZIP Change Addition 3 1 TITLE DELETE TITLE 32 NAME NAME 3 3 STREET ADDRESS STREET ADORESS 3.4. CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 4 1 TITLE TITLE 4 2 NAME NAME 4 3 STREET ADDRESS STREET ADDRESS 4 4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 51 TiTLE TITLE 5.2 NAME 5 3 STREET ADDRESS STREET ADDRESS 54 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 6 1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 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 13 car 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 13 if cryinged, or on an attachment with an address

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dayonia Phorne 1 107 621-2136

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SIGNATURE: