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

CORPORATION ANNUAL REPORT

1996



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

DOCUMENT :	#
Corporation Name	•

P93000040539 (7)

K.C.'S KORNER, INC.				
Principa! Place of Business	Mailing Address			II SEIN CEIN BIBN EGION BUIES ANN 1611 1821
10694 AVIATION BLVD MARATHON FL 33050 SUITE 40 MARATHON FL 33050 US				
			3. Date Incorporated or Qualified 06/01/1993	3a. Date of Last Report 04/17/1995
Principal Place of Business 21	2a. Mailing Address 26		4, FEI Number 65-0425875	Applied For Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State		6. Election Campaign Financing Trust Fund Contribution	S \$5.00 May Be Added to Fees
Zip Country 24 25	Zip 29	Country 30		□No
g. Name and Address of Curre	nt Registered Agent		10. Name and Address of New R	egistered Agent
Franklin D. Greenman Pa 5800 Overseas Hwy STE 40 Marathon Fl 33050		81 Name 82 Street Addr 83 84 City	ess (P.O. Box Number is Not Acceptab	FL 85 Zip Code
Pursuant to the provisions of Sections 607.050 or registered agent, or both, in the State of Flor familiar with, and accept the obligations of, Sec SIGNATURE Signature typed or printed name of registered ager.	ida, Such change was authorition 607.0505, Florida Statut t and title if applicable.	inized by the corporation is boar les. INOTE: Rogistered Agent signature require	d when reinstating)	DATE
	ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFF	Change Addition
THE D	DELETE	1. 1 TITLE		Change Addition
NAME MEARNS, RANDALL STREEL ADDRESS 10694 AVIATION BLVD.		1.2 NAME		
MADATUON EL COCEO		1.3 STREET ADDRESS		
TITLE MARATHUN FL 33030	[7] DELETE	1.4 CITY-ST-ZIP 2 1 TITLE		Change Addition
NAME	Посети	2 2 NAME		
STREET ADDRESS		2.3 STREET ADDRESS		
CiTY-ST-ZIP		2.4 CITY-ST-ZIP		
TITLE	☐ DELETE	3. 1 TITLE		☐ Change ☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4 CITY - ST - ZIP		
गाःह	DELETE	4. 1 TITLE		Change Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY - ST - ZIP		4 4 CITY-ST-ZIP		Change Addition
TITLE	☐ DELETE	5 1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5 3 STREET ADDRESS		
CITY-ST-7IP	DELETE	5.4 CITY - ST - ZIP		Change Addition
TIPLE		6 1 TITLE		
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP 14. I do hereby certify that the information supplied	with this filing is voluntarily t	6.4 City-St-ZiP furnished and does not qualify	for the exemption stated in Section 119	0.07(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 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: