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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

Jan 14 1997 8:00am

Secretary of State

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## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000048320 (4)

K T GROUP, INC.

CITY-ST-ZIP

							( <b>3 1 1 )</b>		(	
Principal Place of Business Mailing Address						- I INDINODI ITO FAFER HAIN ODINI DONI BOIN RIBER HAFAD JIHA UTUK DOTT LODA				
2132 S.W. 12 Miami Fl 331		2132 S.W. 128TH AVENU Miami FL 33175-1448	2132 S.W. 128TH AVENUE MIAMI FL 33175-1448							
						3. Date Incorporated or Qualified 07/09/1993	3a. Date 01/19	of Last R 0/1996	leport	
	Place of Business	2a. Mailing Address				4. FEI Number	<del></del>	Ar	pplied For	
21		26	in T.			65-0421855		Not Applicable		
Suite, Apt. #, etc. 22		Suite, Apt. #. etc.	27			5. Certificate of Status Desired				
City & Sta	ite	}···─¬ '	City & State			6. Election Campaign Financing \$5.00 May Be				
<b>23</b>	Country	28 Zip	Coun	ntra.		Trust Fund Contribution			to Fees	
24 25		29	30			8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes X No				
27	9. Name and Address of Curre		[30]			10, Name and Address of New Re				
LFI	WIS, JOHN C.			61	Name		,			
2132 SW 128TH AVE										
	AMI FL 33175		'	82	Street Addre	ress (P.O. Box Number is Not Acceptable)				
			[4	83						
			ļ	84	City			<b>85</b> Zip	Code	
		L				oration submits this statement for the pon's board of directors. I hereby accept		,		
SIGNATURE	Stocation Typed or protection ending steed at	pent and title it applicable (NO DIRECTORS		Agen	it signature require	d when reinstating)	DATE	IDEOTO:	70.111.40	
TITLE	PD	NO DIRECTORS DELETE	13. 1.1 UTL	<u> </u>		ADDITIONS/CHANGES TO OFFIC		Change	Addition	
NAME	LEWIS, JOHN C. SR.	otten	1.2 NAN				٠	, Change	LI Addition	
STREET ADDRESS	0400 014/ 400 418				ADDRESS					
CITY - ST - 712	MIAMI FL		1.4 CITY			·				
TITLE	VO	DELETE	2.1 TITE		- 211			Change	Addition	
NAME	LEWIS, JOHN C. JR.		2.2 NAM	AE.				•		
STREET ADDRESS			2.3 STR	EET A	ADDRESS	•				
City-St-Z-P	MIAMI FL		2. 4 CIT	Y - ST	ſ-ZIP					
TITLE	STD	☐ DELETE	3.1 T(T)	Ε.				Change	Addition	
NAME	LEWIS, MARY K.		3.2 NAN	ΛE						
STREET ADDRESS			3.3 STR	EE1 A	ADDRESS					
CITY-ST-ZIF	MIAMI FL		3 4. CIT		- ZIP	***************************************	····			
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NAME			4 2 NAI	-						
STREET ADDRESS					ADDRESS					
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NAME		ET Detter	1				L_	1 cuands	LI Addition	
STREET ADDRESS			5.2 NAN		ADDRESS					
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NAME		LJ bettit	6.2 NAN				_	7 Origings	רוטווטטוז נייי	
CARCET AUDITOR			0.2 19610	***	innocco.					

NG OFFICER OR DIRECTOR 14/97

6.4 CHTY-ST-ZIP 14. I do hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this armue 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.