

**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.)**

**APPROVED  
AND  
FILED**

96 SEP -6 AM 10: 53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



PROFIT CORPORATION  
ANNUAL REPORT  
1996



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

**DOCUMENT # P93000067116 (2)**

1. Corporation Name

**K.M.K. ENTERPRISES OF SOUTH FLORIDA, INC.**

Principal Place of Business: **630 BELTED KINGFISHER DR N PALM HARBOR FL 34683**  
 Mailing Address: **630 BELTED KINGFISHER DR N PALM HARBOR FL 34683**

3. Date Incorporated or Qualified: **09/27/1993**  
 3a. Date of Last Report: **08/25/1995**  
 4. FEI Number: **59-3203819**  
 5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
 6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: **21**  
 2a. Mailing Address: **26**  
 Suite, Apt. #, etc: **22**  
 City & State: **23**  
 Zip: **24** Country: **25**  
 Zip: **29** Country: **30**

9. Name and Address of Current Registered Agent  
**KIEKENS, EDWARD L**  
**630 BELTED KINGFISHER DR N**  
**PALM HARBOR FL 34683**

10. Name and Address of New Registered Agent  
**81 Name**  
**82 Street Address (P.O. Box Number is Not Acceptable)**  
**83** **300001950863**  
**-09/18/96--01030--013**  
**84 City** **\*\*\*\*225. PL** **85 ZIP Code** **\*\*\*225.00**

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: \_\_\_\_\_ (Type or print name of signatory)  
 Signature by officer or director or agent or registered agent or other authorized person (if not a Registered Agent, signature required when filing change) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>KIEKENS, EDWARD</b>	
STREET ADDRESS	<b>630 BELTED KINGFISHER DR N</b>	
CITY - ST - ZIP	<b>PALM HARBOR FL 34683</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>POVEY, COLIN E</b>	
STREET ADDRESS	<b>2961 LONGBROOKE WAY</b>	
CITY - ST - ZIP	<b>CLEARWATER FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>POVEY, MARIE</b>	
STREET ADDRESS	<b>2961 LONGBROOKE WAY</b>	
CITY - ST - ZIP	<b>CLEARWATER FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>KIEKENS, TERESA M</b>	
STREET ADDRESS	<b>630 BELTED KINGFISHER DR N</b>	
CITY - ST - ZIP	<b>PALM HARBOR FL 34683</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>MONAGHAN, MARY ANN T</b>	
STREET ADDRESS	<b>37 OSPREY ST</b>	
CITY - ST - ZIP	<b>SAFETY HARBOR FL 34695</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>KIEKENS, EDWARD L</b>	
STREET ADDRESS	<b>630 BELTED KINGFISHER DR N</b>	
CITY - ST - ZIP	<b>PALM HARBOR FL 34683</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
62 NAME	<b>D MONAGHAN, JOAN</b>
63 STREET ADDRESS	<b>37 OSPREY ST.</b>
64 CITY - ST - ZIP	<b>SAFETY HARBOR FL 34695</b>

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 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 12 or Block 13 if changed, on an attachment with an address.

SIGNATURE: **Edward L. Kiekens** **EDWARD L. KIEKENS** 7/31/96 813/785-9673  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAY-MONTH-YEAR

CR2E034 (3/96)