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 CORPORATION ANNUAL REPORT
1996

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

APPROVED AND FILED
96 SEP -6 AM 10:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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**

2. Principal Place of Business — 21
Suite, Apt. #, etc — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc — 27
City & State — 28
Zip — 29 Country — 30

4. FEI Number: **59-3203819** Applied For ☐ 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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

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 300001950853 -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 _____ (Signature type of corporate officer or registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	KIEKENS, EDWARD	
STREET ADDRESS	630 BELTED KINGFISHER DR N	
CITY-ST-ZIP	PALM HARBOR FL 34683	
TITLE	D	☐ DELETE
NAME	POVEY, COLIN E	
STREET ADDRESS	2961 LONGBROOKE WAY	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	D	☐ DELETE
NAME	POVEY, MARIE	
STREET ADDRESS	2961 LONGBROOKE WAY	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	D	☐ DELETE
NAME	KIEKENS, TERESA M	
STREET ADDRESS	630 BELTED KINGFISHER DR N	
CITY-ST-ZIP	PALM HARBOR FL 34683	
TITLE	D	☐ DELETE
NAME	MONAGHAN, MARY ANN T	
STREET ADDRESS	37 OSPREY ST	
CITY-ST-ZIP	SAFETY HARBOR FL 34695	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	D	☐ Change ☒ Addition
6.2 NAME	MONAGHAN, JOHN	
6.3 STREET ADDRESS	37 OSPREY ST.	
6.4 CITY-ST-ZIP	SAFETY HARBOR FL 34695	

JB 9/17

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, or 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 — Daytime Phone #

CR2E034 (3/96)

0123081 CP