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FILED
May 13 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
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 34683-6257



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

09/27/1993

3a. Date of Last Report

09/06/1996

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

84 City

FL

85 Zip Code

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, typed or printed name of 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 2981 LONGBROOKE WAY
CITY-ST-ZIP CLEARWATER FL

TITLE D ☐ DELETE

NAME POVEY, MARIE
STREET ADDRESS 2981 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 D ☐ DELETE

NAME MONAGHAN, JOHN
STREET ADDRESS 37 OSPREY ST
CITY-ST-ZIP SAFETY HARBOR FL 34695

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 ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Edward L. Kiekens

4/26/97

813-530-2294

CR2E034 (9/96)