

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

FILED
May 13 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		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 34683-6257
---	--

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 09/27/1993	3a. Date of Last Report 09/06/1996
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 59-3203819	Applied For <input checked="" type="checkbox"/> Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Country	29. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
KIEKENS, EDWARD L 630 BELTED KINGFISHER DR N PALM HARBOR FL 34683		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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KIEKENS, EDWARD	1.2 NAME	
STREET ADDRESS	630 BELTED KINGFISHER DR N	1.3 STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR FL 34683	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POVEY, COLIN E	2.2 NAME	
STREET ADDRESS	2981 LONGBROOKE WAY	2.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POVEY, MARIE	3.2 NAME	
STREET ADDRESS	2981 LONGBROOKE WAY	3.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KIEKENS, TERESA M	4.2 NAME	
STREET ADDRESS	630 BELTED KINGFISHER DR N	4.3 STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR FL 34683	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MONAGHAN, MARY ANN T	5.2 NAME	
STREET ADDRESS	37 OSPREY ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	SAFETY HARBOR FL 34695	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MONAGHAN, JOHN	6.2 NAME	
STREET ADDRESS	37 OSPREY ST	6.3 STREET ADDRESS	
CITY-ST-ZIP	SAFETY HARBOR FL 34695	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

CF2E034 (9/96)