

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000068201 (1)

1. Corporation Name

KSM SALES PARTNERS, INC.



Principal Place of Business

567 PSCEOLA AVE
WINTER PARK FL 32789
US

Mailing Address

567 OSCEOLA AVE
WINTER PARK FL 32789
US

3. Date Incorporated or Qualified

09/24/1993

3a. Date of Last Report

07/24/1995

2. Principal Place of Business

21 2454 N. FORSYTH RD.

Suite, Apt. #, etc.

22 City & State

23 ORLANDO, FL

24 Zip

32807

25 Country

USA

2a. Mailing Address

26 2454 N. FORSYTH RD.

Suite, Apt. #, etc.

27 City & State

28 ORLANDO, FL

29 Zip

32807

30 Country

USA

4. FEI Number

59-3209452

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

MESSERVEY, JANET E
501 N MAGNOLIA AVE
STE A
ORLANDO FL 32801

10. Name and Address of New Registered Agent

81 Name

Dawn Payment

82 Street Address (P.O. Box Number is Not Acceptable)

2454 N. Forsyth Rd.

83

84 City

Orlando

FL

85 Zip Code

32807

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 I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Dawn M. Payment

(NOTE: Registered Agent signature required when reinstating)

4/19/96

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	SUTHERLAND, WILLIAM G	
STREET ADDRESS	330 BAY SHORE BLVD	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MCREYNOLDS, DOUGLAS S	
STREET ADDRESS	567 OSCEOLA AVE	
CITY-ST-ZIP	WINTER PARK FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	SUTHERLAND, WILLIAM G	
1.3 STREET ADDRESS	3301 BAYSHORE BLVD. #1406	
1.4 CITY-ST-ZIP	TAMPA, FL 33629	
2.1 TITLE	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	MCREYNOLDS, DOUGLAS S	
2.3 STREET ADDRESS	567 OSCEOLA AVE	
2.4 CITY-ST-ZIP	WINTER PARK, FL 32789	
3.1 TITLE	V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	KLEPPE, MITCHELL	
3.3 STREET ADDRESS	499 SW 12TH AVENUE	
3.4 CITY-ST-ZIP	BOCA RATON, FL 33486	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Douglas S. McReynolds 4/19/96 (402) 679-7044

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (12/95)