

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000081645 (2)

1. Corporation Name

KHS GROUP CORPORATION



Principal Place of Business

901 S GOLDWYN AVE
ORLANDO FL 32805

Mailing Address

901 S GOLDWYN AVE
ORLANDO FL 32805

3. Date Incorporated or Qualified

11/29/1993

3a. Date of Last Report

05/01/1995

4. FEI Number

59-3214960

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

2. Principal Place of Business

21 851 Saledo Dr.

Suite, Apt. #, etc.

22 City & State

23 AH Spgs, FL

24 Zip

32714

Country

25 Seminole

2a. Mailing Address

26 851 Saledo Dr.

Suite, Apt. #, etc.

27 City & State

28 AH Spgs, FL

29 Zip

32714

Country

30 Seminole

9. Name and Address of Current Registered Agent

SO, KYUNG H
901 S GOLDWYN AVE
ORLANDO FL 32805

81 Name

SO, Kyung H.

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

851 Saledo Dr.

83

84 City

AH Spgs, FL

FL

85 Zip Code

32714

10. Name and Address of New Registered Agent

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 re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME SO, KYUNG H
STREET ADDRESS 901 S GOLDWYN AVE
CITY-ST-ZIP ORLANDO FL

TITLE S ☐ DELETE

NAME SO, HELEN H
STREET ADDRESS 481 NANTUCKET CT. #203
CITY-ST-ZIP ALTAMONTE SPRING FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☒ Change ☐ Addition

1.2 NAME SO, Kyung H.
1.3 STREET ADDRESS 851 Saledo Dr.
1.4 CITY-ST-ZIP AH Spgs, FL 32714

2.1 TITLE S ☒ Change ☐ Addition

2.2 NAME SO, Helen H.
2.3 STREET ADDRESS 481 Saledo Dr.
2.4 CITY-ST-ZIP AH Spgs, FL 32714

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/29/96 774-7705

CR2E034 (12/95)