

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

FILED
Feb 17 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P93000081645 (2)**

1. Corporation Name
KHS GROUP CORPORATION



Principal Place of Business 851 SALED0 DR ALT SPGS FL 32714 US	Mailing Address 851 SALED0 DR ALT SPGS FL 32714 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 11/29/1993	
21		26		4. FEI Number 59-3214960	
22		27		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24		29		7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent SO, KYUNG H 851 SALED0 DR ALT SPGS FL 32714				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								13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12							
TITLE				<input type="checkbox"/> DELETE				1.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME				PD SO, KYUNG H				1.2 NAME							
STREET ADDRESS				851 SALED0 DR				1.3 STREET ADDRESS							
CITY-ST-ZIP				ALT SPGS FL				1.4 CITY-ST-ZIP							
TITLE				<input type="checkbox"/> DELETE				2.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME				S SO, HELEN H				2.2 NAME							
STREET ADDRESS				851 SALED0 DR				2.3 STREET ADDRESS							
CITY-ST-ZIP				ALT SPGS FL				2.4 CITY-ST-ZIP							
TITLE				<input type="checkbox"/> DELETE				3.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME								3.2 NAME							
STREET ADDRESS								3.3 STREET ADDRESS							
CITY-ST-ZIP								3.4 CITY-ST-ZIP							
TITLE				<input type="checkbox"/> DELETE				4.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME								4.2 NAME							
STREET ADDRESS								4.3 STREET ADDRESS							
CITY-ST-ZIP								4.4 CITY-ST-ZIP							
TITLE				<input type="checkbox"/> DELETE				5.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME								5.2 NAME							
STREET ADDRESS								5.3 STREET ADDRESS							
CITY-ST-ZIP								5.4 CITY-ST-ZIP							
TITLE				<input type="checkbox"/> DELETE				6.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME								6.2 NAME							
STREET ADDRESS								6.3 STREET ADDRESS							
CITY-ST-ZIP								6.4 CITY-ST-ZIP							

14. I 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 

2/19/98 407)843-3324

CR2E034 (10/97)