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

PROFIT CORPORATION ANNUAL REPORT

1997

CITY-ST-ZIP

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

FILED

May 06 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000083678 (1)

K.S. OF OZELLO, INC. Principal Place of Business Mailing Address 14231 OZELLO TRAIL 14231 OZELLO TRAIL CRYSTAL RIVER FL 34429 CRYSTAL RIVER FL 34429-5170 3a. Date of Last Report 3. Date Incorporated or Qualified 12/01/1993 04/05/1996 2. Principal Place of Business 2a, Mailing Address 4. FEI Number Applied For 21 59-3212929 Not Applicable Sulte, Apt. #, etc. Suite, Apt. #. etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Country This corporation has liability for intangible tax under s. 199.032, 30 Yes No 24 25 29 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name STRANGE, KEITH W 1901 JOHN BROWN ROAD 82 Street Address (P.O. Box Number is Not Acceptable) **CRYSTAL RIVER FL 34429** 83 Zip Code 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, 1 am familiar with, and accept the obligations of, Section 607.0505, Florida Statute. 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition TITLE 1.1 TITLE STRANGE, KEITH W NAME 1.2 NAME 1901 JOHN BROWN ROAD STREET ADDRESS 1.3 STREET ADDRESS CRYSTAL RIVER FL CITY-ST-ZIP 1.4 CITY-\$1-7IP DELETE TITLE 2.1 THLE Change Addition MCDANIEL. SCOTT 2.2 NAME 1901 JOHN BROWN ROAD STREET ADDRESS 2.3 STREET ADDRESS CRYSTAL RIVER FL CITY-ST-ZIP 2.4 CITY - \$1 - ZIP DELETE 3.1 TITLE Addition NAME 3.2 NAM8 STREET ADDRESS **33 STREET ADDRESS** CITY-ST-ZIP \$4. CITY-ST-ZIP DELETE Change TITLE 41 TITLE Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 C(1Y - S1 - ZIP DELETE Change TITLE \$.1 TITLE Addition 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 City-St-7iP TITLE DELETE 6.1 THEE Change Addition **6.2 NAME** STREET ADDRESS 6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. 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 eath; that I am an officer or director of the corporation or the receiver of 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 attachpoint with air address.