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Feb 11 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 # P93000085863 (7)

1. Corporation Name

KIM'S ENTERPRISE OF ORLANDO, INC.

Principal Place of Business

2155 WEST COLONIAL DRIVE
ORLANDO FL 32804
US

Mailing Address

2155 WEST COLONIAL DRIVE
ORLANDO FL 32804-6935
US



3. Date Incorporated or Qualified 12/13/1993	3a. Date of Last Report 03/26/1996
4. FEI Number 59-3262742	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

KIM, CHOM J.
3932 CALIBRE BEND LANE
SUITE 101
WINTER PARK FL 32792

10. Name and Address of New Registered Agent

81 Name Chom J. Kim
82 Street Address (P.O. Box Number is Not Acceptable)
8618 Vista Terrace
83
84 City Orlando FL 85 Zip Code 32825

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

Chom J. Kim

(NOTE: Registered Agent signature required when reappointing)

DATE

2/3/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPST <i>Chom J. Kim</i> <input type="checkbox"/> DELETE	1.1 TITLE	DPST <i>Chom J. Kim</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KIM, CHOM J	1.2 NAME	Kim, Chom
STREET ADDRESS	1280 HAMPTON BLVD #814	1.3 STREET ADDRESS	8618 Vista Terrace
CITY-ST-ZIP	NORTH LAUDERDALE FL	1.4 CITY-ST-ZIP	Orlando, FL 32825
TITLE	D.P. <i>Kim Young</i> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kim Young	2.2 NAME	
STREET ADDRESS	8618 Vista Terrace	2.3 STREET ADDRESS	
CITY-ST-ZIP	Orlando FL 32825	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 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:

Chom J. Kim
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/3/97 (407) 380-3855

CR2E034 (9/96)