

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 # P 94000005568 (8)
1. Corporation Name

K & K Advantage Trust, Inc.

Principal Place of Business Mailing Address

3. Date Incorporated or Qualified 1-14-94
3a. Date of Last Report

2. Principal Place of Business 2a. Mailing Address
21 1119 Mar Del Plata St. South 26 c/o David Neste, CPA
22 Suite, Apt # etc 27 2121 Rosecrans Avenue

4. Federal Identification Number 65-0464508
Applied For Not Applicable

23 Jacksonville, FL 28 El Segundo, CA
24 32256 25 USA 29 90245 30 USA

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$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
CF Corporation System
1200 So. Pine Island Road
Plantation, FL 33324

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 _____ DATE _____
Registered Agent Signature (required when filed by)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	11 TITLE	12 NAME
<input type="checkbox"/> DELETE		D/P	Ima Braner
		13 STREET ADDRESS	2121 Rosecrans Ave., #2390
		14 CITY - ST - ZIP	El Segundo, CA 90245
<input type="checkbox"/> CHANGE		21 TITLE	
		22 NAME	
		23 STREET ADDRESS	
		24 CITY - ST - ZIP	
<input type="checkbox"/> CHANGE		31 TITLE	
		32 NAME	
		33 STREET ADDRESS	
		34 CITY - ST - ZIP	
<input type="checkbox"/> CHANGE		41 TITLE	
		42 NAME	
		43 STREET ADDRESS	
		44 CITY - ST - ZIP	
<input type="checkbox"/> CHANGE		51 TITLE	
		52 NAME	
		53 STREET ADDRESS	
		54 CITY - ST - ZIP	
<input type="checkbox"/> CHANGE		61 TITLE	
		62 NAME	
		63 STREET ADDRESS	
		64 CITY - ST - ZIP	

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***225.00

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: X Ima Braner 8-6-96 (904) 641-0744
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)