

**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  
CIPA Number 65-0464508  
Applied for Not Applicable

2. Principal Place of Business  
21 1119 Mar Del Plata St. South

2a. Mailing Address c/o David Neste, CPA  
26 2121 Rosecrans Avenue

22 Suite, Apt # etc

27 2390

23 City & State 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

10. Name and Address of New Registered Agent

CF Corporation System  
1200 So. Pine Island Road  
Plantation, FL 33324

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 filing this form)

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"/> DELETE		21 TITLE	
		22 NAME	
		23 STREET ADDRESS	
		24 CITY - ST - ZIP	
<input type="checkbox"/> DELETE		31 TITLE	
		32 NAME	
		33 STREET ADDRESS	
		34 CITY - ST - ZIP	
<input type="checkbox"/> DELETE		41 TITLE	
		42 NAME	
		43 STREET ADDRESS	
		44 CITY - ST - ZIP	
<input type="checkbox"/> DELETE		51 TITLE	
		52 NAME	
		53 STREET ADDRESS	
		54 CITY - ST - ZIP	
<input type="checkbox"/> DELETE		61 TITLE	
		62 NAME	
		63 STREET ADDRESS	
		64 CITY - ST - ZIP	

500001917755  
-08/09/96--01033--020  
\*\*\*225.00

SIGNATURE: X Ima Braner

8-6-96 (904) 641-0744  
05 8/9/96

CR2E034 (12/95)