## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

ii Corporatio	MENT # <b>P940</b> Name  K'S INC.	00010234 (0	)	A INDIVIDUAL VAR TOLINI ANDVI NAVVA ROJVA V	Of NY 2000 A MAIN COME MORE MUN BION MAN
Principal Place	o of Business	NAME OF THE OWNER OWNER OF THE OWNER			
2655 SADDL SUITE 301	EWOOD LANE OR FL 34685	Mailing Address  3450 E LAKE ROAD  SUITE 301  PALM HARBOR FL 346	<b>18</b> 5	3. Date Incorporated or Qualified	3a. Date of Last Report
				01/31/1994	07/13/1995
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt. #, etc.		26   Suite, Apt. #, etc.		59-3221968	Not Applicable
22		27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
<b>23</b> Zip	Country	26	Т	Trust Fund Contribution	Added to Fees
24	25	Zip [29]	Country 30	8. This corporation has fiability for in Florida Statutes	IDNo
	9. Name and Address of Curr	ent Registered Agent	81 Name	10. Name and Address of New Re	gistered Agent
COSNOW, JEFFREY E 3450 E LAKE ROAD				ldress (P.O. Box Number is Not Acceptable	3)
SUITE 30 PALM H	01 Arbor Fl 34685		83		
			84 City		B5 Zip Code
SIGNATURE _			u-	oration submits this statement for the purp aard of directors. I hereby accept the appoin	ose of changing its registered office intment as registered agent. I am
12.	Signature typed or printed name of registered ag-	or Land 14ki if application (NOT ND DIRECTORS	E: Hagistered Agant signature requi		DATE:
TITLE	PVST	DELETE	1. 1 TITLE	ADDITIONS/CHANGES TO OFFIC	
NAME	KRUSE, DANA		1.2 NAME		Change Addition
STREET ADDRESS	2655 SADDLEWOOD LANE		1.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	PALM HARBOR FL 34685		1.4 Cr1Y-ST-ZiP		
NAME	KRUSE, DANA	DELETE	2 1 JITLE		☐ Change ☐ Addition
STREET ADDRESS	2655 SADDLEWOOD LANE		2 2 NAME		
CITY-ST-ZIP	PALM HARBOR FL 34685		2.3 STREET ADDRESS 2.4 City-St-Zip		
TITLE		DELETE	3 1 TITLE		Change Addition
NAME			3.2 NAME		Change Addition
STREET ADDRESS			3.3. STREET ADDRESS		
CITY-ST-ZIP TITLE		F) Br. Cr.	3.4 CITY - ST - ZrP		
NAME		☐ DELETE	4. 1 TITLE		☐ Change ☐ Addition
STREET ADDRESS			4.2 NAME		
CITY - ST- ZIP			4.3 STREET ADDRESS		
TITLE		[] DELETE	4 4 CITY-ST-ZIP 5 1 TILLE		Change
NAME			5.2 NAME		☐ outsings ☐ ADUITION
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP TITLE			5 4 CITY - SI - ZIP		
NAME		☐ DELETE	6. 1 TrTLE		☐ Change ☐ Addition
STREET ADDRESS			6.2 NAME		
CITY-ST-ZIP			6.3 STREET ADDRESS 6.4 City-St-Zip		
oath: that ! a	certify that the information supplied the information indicated on this ann am an officer or director of the corpx Block 12 or Block 13 if changed, or	oration of the receiver as to refer	ned and does not qualify f report is true and accura	or the exemption stated in Section 119.07( ate and that my signature shall have the sar is report as required by Chapter 607, Florid	3)(k), Florida Statutes. I further ne legal effect as if made under la Statutes; and that my name

SIGNATURE:

Kruse 4/196 813,781,7550