


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

FILED

Apr 15 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P94000014246 (0)					
1. Corporation Name KA-DE MARCO, INC.					
Principal Place of Business 380 REGATTA ST MARCO ISLAND FL 33937			Mailing Address 380 REGATTA ST MARCO ISLAND FL 34145-5237		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/18/1994	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		4. FEI Number 65-0494632	
22. City & State		27. City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23. Zip		28. Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24. Country		29. Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
TUCKER, E. GLENN 950 N COLLIER BLVD SUN BANK CENTRE-SUITE 204 MARCO ISLAND FL 33937			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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
12. OFFICERS AND DIRECTORS					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1. TITLE PT <input type="checkbox"/> DELETE			1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
2. NAME SMITH, DENIS B			2.1 NAME		
3. STREET ADDRESS 380 REGATTA ST			3.1 STREET ADDRESS		
4. CITY-ST-ZIP MARCO ISLAND FL 33937			4.1 CITY-ST-ZIP 34145		
5. TITLE S <input type="checkbox"/> DELETE			5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
6. NAME SMITH, KATHY A			6.1 NAME		
7. STREET ADDRESS 380 REGATTA ST			7.1 STREET ADDRESS		
8. CITY-ST-ZIP MARCO ISLAND FL 33937			8.1 CITY-ST-ZIP 34145		
9. TITLE V <input type="checkbox"/> DELETE			9.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
10. NAME BEVINGTON, CHARLES			10.1 NAME		
11. STREET ADDRESS 380 REGATTA ST			11.1 STREET ADDRESS		
12. CITY-ST-ZIP MARCO ISLAND FL 33937			12.1 CITY-ST-ZIP 34145		
13. TITLE <input type="checkbox"/> DELETE			13.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
14. NAME			14.1 NAME		
15. STREET ADDRESS			15.1 STREET ADDRESS		
16. CITY-ST-ZIP			16.1 CITY-ST-ZIP		
17. TITLE <input type="checkbox"/> DELETE			17.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
18. NAME			18.1 NAME		
19. STREET ADDRESS			19.1 STREET ADDRESS		
20. CITY-ST-ZIP			20.1 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 recorder 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: <i>Denis B Smith</i> President 4/12/97 941-394-9507					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

CR2E034 (9/96)