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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #
1. Corporation Name P94000028412 (2)

. Corporation Name	(=)
K.M.S. ENTERPRISES, INC	•
rincipal Place of Business	Mailing Address
6091 SW 1ST ST PLANTATION FL 33314	6091 SW 1ST ST PLANTATION FL 33314



Suite, Apt. #, etc. Suite, Apt. #, etc.	1 '		Mailing Address			1		
2. Principal Place of Business				4				
2. Application 2. 2. Application 2. 3. 3. 3. 3. 3. 3. 3.								
Suite, Apt. 4, etc. 27 Sylic State City & City	2. Principal PI	ace of Business	<u> </u>					Applied For
City & State 23 City & State 29 Country Zp Country Zp Country Zp State 20 Country Zp Country Zp State 20 Country Zp State 21 State 22 State 23 State 24 City State 25 State 26 State 27 State 28 Stroot Asstrose (P.O. Box Number is Not Acceptable) 82 Stroot Asstrose (P.O. Box Number is Not Acceptable) 83 Stroot Asstrose (P.O. Box Number is Not Acceptable) 84 City State 25 City State 26 City State 27 City State 28 City State 29 City State 20	O to Ant	#_etc.	·					
29 Country 29 States 29 Country 20 Country 20 St. States 29 St. States 20 Country 20 St. States 20 Country 20 St. States 20 St.			27			5. Certificate of Status Desired		
28	<u> </u>		City & State			6. Election Campaign Financing		
25	23		28					
KOWALSKI, MICHAEL J 6091 SW 1ST ST PLANTATION FL 3314 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 changer but registered agent at the State of Provision Scholarities, Such change was authorized by the corporation's board of directors. I heneby accept the appointment as registered agent at the State of Provision Scholarities, Such change was authorized by the corporation's board of directors. I heneby accept the appointment as registered agent. I am state a complete the objective of Sections 607 0502 and 607 1508, Florida Statutes, the above named corporation submits this statement for the purpose of changer at registered agent. I am state a complete of provisions of Sections 607 0502 and 607 1508, Florida Statutes, the above named corporation submits this statement for the purpose of changer at registered agent. I am state a complete of the provisions of Sections 607 0502 and 607 1508, Florida Statutes, the above named corporation submits this statement for the purpose of changer at registered agent. I am state a complete of the purpose of changer at registered agent. I am state a complete of the purpose of changer and state an	Zip 24	25	29		гу		tangible tax und	
KOWALSKI, MICHAEL J 6091 SW 1ST ST PLANTATION FL 33314 82 Street Address (P.O. Box Number is Not Acceptable) 11. Parsuant to the processor of Sections 607 0502 and 607.1508. Florida Statutes, the experience corporation submits this statement for the purpose of changing its registered office familiar with, and accept the delignation of Section 607.2508, Florida Statutes, the designation of S		9. Name and Address of Cu	rrent Registered Agent		-			
## City ## Company Fig. ## City Fi				8	1 Name		g	
PLANTATION FL 33314 Ba	KOWAL	SKI, MICHAEL J			2 0 1 4 1	(D.O. D. N. I		
Bad City FL Bas Zip Code	6091 S\	N 1ST ST		0.	Street Add	iress (P.O. Box Number is Not Acceptable	9)	
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 diffice familiar with an acceptant be obligations of, Section 607.0505, Florida Statutes. SIGNATURE Special 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 registered agent. I am registered agent, I am registered agent. I am registered agent. I am registered agent in appointment as registered agent. I am regi	PLANTA	TION FL 33314		8:	3			
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 diffice familiar with an acceptant be obligations of, Section 607.0505, Florida Statutes. SIGNATURE Special 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 registered agent. I am registered agent, I am registered agent. I am registered agent. I am registered agent in appointment as registered agent. I am regi				_				
11. Pressant 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 Priorida. Such change was without read or granted agent, or both, in the State of Priorida Such change was without read agent, or both, in the State of Priorida. Such change was without read or private agent and title if expectates. SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TILLE NAME SIMPLE PROSESS GIVEN ST. 2P PLANTATION FL 33314 1.5 CITY-ST. 2P TILLE DELETE 2.1 TILLE Change Addition NAME SIREET ADDRESS CITY-ST. 2P DELETE 3.3 TILLE DELETE 3.3 TILLE Change Addition Addition SIREET ADDRESS CITY-ST. 2P DELETE 3.4 CITY-ST. 2P TILLE Change Addition Addition Addition SIREET ADDRESS CITY-ST. 2P DELETE 3.4 CITY-ST. 2P TILLE Change Addition Addition ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.5 STREET ADDRESS CITY-ST. 2P TILLE Change Addition Addition ADDRESS CITY-ST. 2P TILLE Change Addition Addition ADDRESS CITY-ST. 2P TILLE Change Addition Addition Addition ADDRESS CITY-ST. 2P TILLE Change Addition Addition ADDRESS CITY-ST. 2P TILLE Change Addition ADDRESS CITY-ST. 2P TILLE Change Addition ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS AD				84	City		E4 85	Zip Code
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SIGNATURE	or registere familiar wit	ed agent, or both, in the State of F h, and accept the obligations of S	lorida. Such change was authorize Section 607,0505. Florida Statutes	ed by the con	poration's boa	ard of directors. I hereby accept the appoi	ntment as registe	ered agent. I am
Styroker or printed name of regulatorial agricultary Styroker Special agricultary Styro		, 3						i
12.	SIGHE TOTAL _	Signature typed or printed name of registered a	gent and title if applicable. (NO	TE: Registered Age	ent signature require	ed when reinstating:	TIATE	
MAME	12.							CIORS IN 12
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City-St-ZiP	STREET ADDRESS			2.3 STREE	T ADDRESS			
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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 f made under appears in Block 12 or Block 13 if changed, or of an attachment with an address.

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