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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

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DOCUMENT # P94000033870 (4)

K. N. K	ANTIQUES, INC.								
Principal Place	of Business	Mailing Address							
,		•							
824 LAKE AV LAKE WORTH		824 LAKE AVE LAKE WORTH FL 33460							
						3. Date Incorporated or Qualified	3a. Date		
2. Principal Pla	nce of Business	2a. Mailing Address		······································		05/02/1994 4. FEI Number	1 00/	01/199	Applied For
21	100 GT 2001100G	26				65-0490495		——	Not Applicable
Suite, Apt. #	*, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired			Additional
22		27							Required
City & State		City & State				Election Campaign Financing Trust Fund Contribution			May Be
23 Ζιρ	Country	28	Country			This corporation has liability for		_	d to Fees
24	25	⊢	30]				No 🔣 No	under 5	199.002,
· · · · · · · · · · · · · · · · · · ·	9. Name and Address of Currer	nt Registered Agent			· · · · · · · ·	10. Name and Address of New F	tegistered A	gent	
			81	Name					
	L, KAY C		82	Street	Addres	s (P.O. Box Number is Not Acceptat	ole)		
824 LAK			83			· · · · · · · · · · · · · · · · · · ·			
LAKE W	ORTH FL 33460		63						
			84	City			FI	85 Z	o Code
11. Pursuant te	o the provisions of Sections 607.0502	and 607.1508, Florida Statutes,	the above-r	named o	orporati	on submits this statement for the pur	rpose of chan	ging its r	egistered office
or registere familiar wit	ed agent, or both, in the State of Flori h, and accept the obligations of, Sect	da, Such change was authorized lion 607.0505, Florida Statutes.	by the corp	oration's	board -	of directors. I hereby accept the app	ointment as re	agistered	agent. Lam
SIGNATURE:						· ·			
12.	Signature, typod or printed name of registered agent		Registered Ager	t signature	required w	nen reinstating) ADDITIONS/CHANGES TO OFF	TATE	NO COTO	DC IN 10
TITLE	D OFFICERS AN	D DIRECTORS DELETE	1 1 TITLE		1	ADDITIONS/CHANGES TO OFF		Change	Addition
NAME	NEUMEYER, JON F		1.2 NAME					Orango	
STREET ADDRESS	824 LAKE AVE		1.3 STREET	ADDRESS					
CITY-\$1-ZIP	LAKE WORTH FL		1.4 CITY-S						
TITLE	DT	☐ DELETE	2. 1 TITLE		Sec	retary-Tressurer	Ø	Change	■ Addition
NAME	KENWALL, KAY C		2.2 NAME						
STREET ADDRESS	824 LAKE AVE		2.3 STREET	ADDRESS					
CITY-ST-ZIP	LAKE WORTH FL	F1 brutys	2.4 CITY - S	T-ZIP	ļ <u>.</u>				-
TITLE	DS	☐ DELETE	3 1 TITLE		4.8	isitelent	М	Change	Addition
NAME	NEUMEYER, ANNA M		3.2 NAME						
STREET ADDRESS	824 LAKE AVE LAKE WORTH FL		3.3. STREET						
CITY-ST-ZIP TITLE	D D	☐ DELETE	3.4 CITY - S 4. 1 TITLE	1-210	 			Change	Addition
NAME	KENWALL, KENNETH D		4.2 NAME					Çildi go	L Twanton
STREET ADDRESS	824 LAKE AVE		4.3 STREET	ADDRESS					
CITY-ST-ZIP	LAKE WORTH FL		4.4 CiTY-S						
TITLE	Andrews S	DELETE	5 1 TITLE	-	†			Change	Addition
NAME			5.2 NAME						
STHEET ADDRESS			5.3 STREET	ADDRESS					
CITY-S1-ZIP		······································	5.4 CITY - S	T - ZIP	ļ				
TITLE		☐ DEFE1E	6. 1 TITLE					Change	☐ Addition
NAME			6 2 NAME						
STREET ADDRESS			6 3 STREET						
CITY-ST-ZIP			64 CITY - S	T - 2 1P	ł				

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:

SIGNATURE:

SIGNATURE OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

Date

Legame Proce **

CR2E034 (12/95)