## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #

P94000041505 (6)

K + K INVESTORS, INC.

Principal Place of Business Mailing Address

P.O. BOX 3714

HOLLYWOOD FL 33083

Mailing Address

P.O. BOX 3714

HOLLYWOOD FL 33083



|                        |   |                           |                     |             |           |   |           |  | 3. Date Incorporated or Qualified 06/02/1994  | 3a. Dal<br>07/ | e of L<br><b>25/1</b> !                | 995     |              |  |
|------------------------|---|---------------------------|---------------------|-------------|-----------|---|-----------|--|---|----------------|--|---------|--------------|--|
| 2. Principal Pla       | 2a. I   | 2a. Mailing Address<br>26 |                     |             |           |   |           | 4. FEI Number                                      |   |                |  | ied For |              |  |
| 21                     |   |                           |                     |             |           |   |           | <b>65-0495954</b> Not Applicable                   |   |                |  |         |              |  |
| Suite, Apt #           | t, etc  | 27                        | Suite, Apt. #, etc. |             |           |   |           |  | 5. Certificate of Status Desired \$8.75 Additional Fee Required                         |                |  |         |              |  |
| City & State           |   | 28                        | City & State        |             |           |   |           |  | 6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees     |                |  |         |              |  |
| Zip<br>24              | p Country Zip 25 29   |                           |                     |             |           | Country<br>30                                       |           |  | This corporation has liability for intangible tax under s 199 032,     Florida Statutes |                |  |         |              |  |
| !                      | 9. Name and Address of Curr   |                           | red Age             | nt          | 11        |   |           | -  | 10. Name and Address of New Re  | gistered A     | gent                                   |         |              |  |
| WIH                    | ENSCH, ALAN L   |                           |                     |             |           | 81  | Nanie     |  |   |                |  |         |              |  |
| 10451 LIMA STREET      |   |                           |                     |             |           | 82  | Street    | Street Address (P.O. Box Number is Not Acceptable) |   |                |  |         |              |  |
|                        | OPER CITY FL 33026  |                           |                     |             |           | Siledi Addiess (L.O. Box Maniber is net Addeptione) |           |  |   |                |  |         |              |  |
|                        | OF CHI OFF TE GOODS   |                           |                     |             |           | 83  |           |  |   |                |  |         |              |  |
|                        |   |                           |                     |             |           | 84  | City      |  |   |                | 85                                     | Ζφ Co   | <br>ode      |  |
|                        |   |                           |                     |             |           |   | ,         |  | oration submits this statement for the p  | FL             |  |         |              |  |
| agent Lan              | gistered agent of point in the dia<br>n familiar with, and accept the ob- | igations of, i            | Section 6           | 07.0505, FI | lorida St | alutes  | •         |  | in's board of directors. Thereby accept   | JATE           |  |         |              |  |
| 12.                    | OFFICERS A  |                           |                     |             | 1:        | 3.  |           |  | ADDITIONS/CHANGES TO OFFIC  | CERS AND       | DIRE                                   | CTORS   | IN 12        |  |
| TITLE                  | P   |                           |                     | DELETE      | 11        | Title   |           |  |   | I              | Cr                                     | nange [ | Addition     |  |
| NAME                   | wuensh, alan l  |                           |                     |             | 12        | NAME  |           |  |   |                |  |         |              |  |
| STREET ADDRESS         | 10451 LIMA ST   |                           |                     |             | 13        | STREE   | T ADDRESS |  |   |                |  |         |              |  |
| CITY - ST - ZIP        | COOOPER CITY FL   |                           |                     | ····        |           | CITY  | ST-ZIP    | 1  |   |                | 1                                      | T       | 1            |  |
| TITLE                  |   |                           | L_                  | DELÉTE      |           | TITLE   |           |  |   | L.             | "] C                                   | nange   | Addition     |  |
| NAME                   |   |                           |                     |             | I -       | NAME  |           |  |   |                |  |         |              |  |
| STREET ADDRESS         |   |                           |                     |             |           |   | LADDRESS  |  |   |                |  |         |              |  |
| CITY-ST-ZIP            |   |                           |                     | DELETE      |           | 4 CITY -<br>I TITLE                                 | ST - ZIP  |  |   | Т              | T :::::::::::::::::::::::::::::::::::: | hange   | Addition     |  |
| TITLE<br>NAMÉ          |   |                           | L                   | D.C.C.10    |           | NAME  |           |  |   | -              | _                                      |         |              |  |
| STREET ADDRESS         |   |                           |                     |             | 1         |   | T ADDRESS |  |   |                |  |         |              |  |
| City-St-Zip            |   |                           |                     |             | 3 -       | t Dity-   | ST-ZIP    |  |   |                |  |         |              |  |
| TITLE                  |   |                           |                     | DELETE      |           | 1 INTLE   |           |  |   |                |  | hange   | Add tic      |  |
| NAME                   |   |                           |                     |             | 4         | 2 NAME  |           |  |   |                |  |         |              |  |
| STREET ADDRESS         |   |                           |                     |             | 4         | 3 STREE   | T ADDRESS |  |   |                |  |         |              |  |
| CITY-ST-ZIP            |   |                           |                     | T           |           | CITY  | ST · Z(P  |  |   |                | <del>_</del> _                         |         | T. " #"#". T |  |
| THE                    |   |                           | L                   | DELETE      |           | 1 TITLE   |           |  |   | L.             | ا ا                                    | hange   | Additio      |  |
| NAME                   |   |                           |                     |             |           | 2 NAME  |           |  |   |                |  |         |              |  |
| STREET ADDRESS         |   |                           |                     |             | 1 -       |   | LADDRESS  |  |   |                |  |         |              |  |
| CITY - ST - ZIP        |   |                           |                     | DELETE      |           | 1 CHY<br>1 TITLE                                    | \$1 - ZIP | +-   |   | т              | T C                                    | hange   | Additio      |  |
| TITLE                  |   |                           | L                   | 1 precit    |           | 1 III CE<br>2 NAME                                  |           |  |   | L              | ٠, ٦                                   | a L     |              |  |
| NAME<br>CYDECT ADDRESS |   |                           |                     |             |           |   | T ADDRESS |  |   |                |  |         |              |  |
| STREET ADDRESS         |   |                           |                     |             |           |   | ST-ZIP    |  |   |                |  |         |              |  |
| CITY-ST-ZIP            |   |                           |                     |             | b         | 4 UHT -   | 31 - ZIF  |  |   |                |  |         |              |  |

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 | 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 eath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Blogs 12 or Blogs 13 if changed for on an attachment with an address

SIGNATURE:

CUCOULLY ALAN L. WICHSCH

7/18/96 954.435.480

CR2E034 (3/9