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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1996

DIVISION OF CORPORATIONS P94000042990 (9) **DOCUMENT #**

KEN DYE & ASSOCIATES, INC.											
Principal Place of Business Mailing Address								4	i Māliri Basili Ai	AND ILAHA 1961	
1532 U.S. HIGHWAY 41 BY-PASS 1532 U.S. HIGHWAY 41 E SUITE 258 SUITE 258 VENICE FL 34293 VENICE FL 34293					BY-PASS						
VENICE FL	. 34283		VERIGE FL	VEHICE FL 54280				3. Date Incorporated or Qualified 06/03/1994	3a. Date of Last Report 01/18/1995		
	Place of Busin	ess		2a. Mailing Address				4. FEI Number			Applied For
Suite, Apt. #, etc.			26 Suite Ant				65-0504647			Not Applicable	
22 Suite, Api	l. #, €lC.		 -	Suite, Apt. #, etc.			5. Certificate of Status Desired		+	Additional Required	
City & Sta	ate			City & State				6. Election Campaign Financing S5.00 May Be			
23			28	28			Trust Fund Contribution Added to Fees				
Zıp		Country	Zip			ry		8. This corporation has liability for intangrole tax under s 199.032,			
24		25		29 3				Florida Statutes Yes No 10. Name and Address of New Registered Agent			
	g, Name	and Address of C	Current Registered Agen	IE .	8	1	Name	10. Name and Address of New P	edistelen	wanir	
DYE, I	VENI .					\perp					
		AV 41 RV-PASS			8	2	Street Addres	ss (P.O. Box Number is Not Acceptab	ile)		
1532 U.S. HIGHWAY 41 BY-PASS SUITE 258						3					.,, ., ., ., ., .,
VENICE FL 34293					8	4	Cit			05 7	p Code
					[8	"	City		FL	. 85 Zq	p Code .
or regist	tered agent, o	r both, in the State o	7.0502 and 607.1508, Flor of Florida. Such change wa f, Section 607.0505, Florid	is authorize:	s, the above d by the co	rpe	amed corpora oration's board	tion submits this statement for the pull of directors. I hereby accept the app	rpose of chi ointment as	anging its r registered	egistered office Lagent, Lam
SIGNATURE									DATE		
12.	Signature, types		ed agent and title if applicable RS AND DIRECTORS			gistered Agent signature required		ADDITIONS/CHANGES TO OFF		DIRECTO	ORS IN 12
TITLE	PD			☐ DELETE		ξ				Change	☐ Addition
NAME	DYE, I					1.2 NAME					
STREET ADDRESS		1 BY-PASS, #258	ASS, #258		.3 STREE1 ADDRESS						
CITY - ST- ZIP		E FL 34293				.4 CITY - ST - ZIP					
TATLE	\$		□ DI	ELETE	2. 1 TITE				+	Change	Addition
NAME	DYE, I		4 BV B466 #656	LCC HOED		2 NAME					
STREET ADDRESS			1 BY-PASS, #258				ADDRESS				
CITY-ST-ZIP TITLE	VENIC	E FL 34293		ELETE	2 4 CITY 3 1 TITL		T · ZIP	······································		Change	☐ Addition
NAME			L.J 0		3.2 NAM						000000
STREET ADDRESS	s					-	ADDRESS				
CITY-ST-ZiP	<u> </u>				3.4 CITY		ŀ				
TITLE	 			ELETE	4.1 TITL		-			Change	☐ Addition
NAME			_		4 2 NAM	E					
STREET ADDRESS	s				4.3 STRE	ET.	ADDRESS				
C-TY+ST-ZIP					4.4 CITY	· \$1	T- ZIP				
TITLE				ELETE	5 1 TITL	E				Change	Addition
NAME					52 NAM	E					
STREET ADDRESS	s				53 STRE	ET.	ADDRESS				
CITY - ST - ZIP			Provide to	C) FTF	5.4 CITY		T-ZIP				Madition .
TITLE			[] ₀	ELETE	6 1 TITL					☐ Change	Addition
NAME					62 NAM		1000000				
STREET ADDRESS	5				■ 6.3 S FRE	tl.	ADDRESS				

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.

6.4 CITY - ST - ZIP

SIGNATURE:

NAME OF SIGNING OFFICER OR DIRECTOR

800-888-7299

CR2E034 (12/95)