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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # P94000044371 (0)

K.D.M. ENTERPRISES, INC.

FILED
Jan 28 1997 8:00am
Secretary of State



Disainal Disagnet Durings									
Principal Place of Business Mading Address								***************************************	4
6761 MONTEGO BAY BLVD. 6761 MONTEGO BAY BLVD. UNIT 3C. BLDG. 16 UNIT 3C. BLDG. 16			/D.						
BOCA RATON		BOCA RATON FL 33433-4	1031						
Section in the section						3. Date Incorporated or Qualified 3e. Date of Last Report 06/14/1994 06/24/1996			
2. Principal f	Place of Business	2a. Mailing Address				4. FEI Number			pplied For
21		26	26			65-0504951			ot Applicable
Suite, Api	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired			Additional
27						5. Certificate of Status Desireo	<u> </u>	Fee R	equired
City & Sta	te	City & State	City & State			6. Election Campaign Financing \$5.00 May Be			
23		28				Trust Fund Contribution		Added	to Fees
Zip	Country	Zip	L Cou	intry		8. This corporation has liability for in			s. 199.032,
24	25	29	30				Yes _		
	g. Name and Address of Cui	rrent Registered Agent				10. Name and Address of New Rep	latered A	gent	
	nkin, kenneth			81	Name				
6761 MONTEGO BAY BLVD SUITE 3-C				82 Street Address (P.O. Box Number is Not Acceptable)					
2424 N. FEDERAL HWY, SUITE 405									
BOCA RATON FL 33433				83					
				84	City		FL	85 Zip	Code
				Ш	L	poration submits this statement for the p		 	
SIGNATURE	Stgrature Typed or printed name of registered	digent and title it applicable. (NO' AND DIRECTORS	TE. Registere	d Áge	nt signature requi	ired when reinstaling) ADDITIONS/CHANGES TO OFFIC	DATE ERS AND	DIRECTO	RS IN 12
TITLE	DPST	☐ DELETE	1,1 11	TLE		ADDITIONS/CHANGES TO CITTLE		Change	Addition
NAME	MINKIN, KENNETH D		1.2 N				•	•	
STREET ADDRESS	6761 MONTEGO BAY BLVI	D., UNIT 3C, BLDG, 16			ADDRESS				
CITY-ST-ZIP	BOCA RATON FL 33432	.,,	8	ITY-S	1				
TITLE		DELETE	2.1 Te		1-211		***************************************	Change	☐ Additio
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STREET ADDRESS			2.3 \$1	TREET	ADDRESS				
CITY-ST-ZIP					ST-ZIP				
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STREET ADDRESS					ADDRESS				
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NAME			6.2 N	AME					
STREET ADDRESS			6.3 \$	TREET	ADDRESS				
CITY - SI - ZIP			1		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 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:

GNATURE AND TYPED OR PRINTED NAME OF STONING OFFICER OR DIRECTOR

1/16/97 (56) 362: 0946