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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000045899 (9)

KLM PRODUCTS, INC.

Principal Prace of Business

Mailing Address

FILED Feb 18 1997 8:00am Secretary of State



890 OSCEOLA AVE #208	
06/13/1994	
	3a. Date of Last Report 04/29/1996
2. Principal Place of Business 2a. Mailing Address 4. FEI Number	Applied For
21 215 OSCEOLA COURT 26 PO BOX 220/ 59-3253293	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State 23 WINTER PARK FL 28 WINTER PARK FL Zip Country Country	\$5.00 May Be Added to Fees
Zip Country Zip Country 8. This corporation has liability for 24 32789 25 USA 29 32780 30 USA Florida Statutes	x intangible tax under s. 199.032, XYes No
Name and Address of Current Registered Agent 10. Name and Address of New F	legistered Agent
BRADFORD, CARTER A 600 E COLONIAL DR 81 Name WILLIAM W. KIR 82 Street Address (P.O. Box Number is Not Accept)	K
600 E COLONIAL DR 82 Street Address (P.O. Box Number is Not Accept	able)
SUIE SIU	URT
ORLANDO FL 32803 83	
84 City CUINTER PARK	85 Zip Code
11. Pursuant to the provisions of Sections 607,0502 and 607,1508, Florida Statutes, the above-named corporation submits this statement for the	- ドレー トマユッ <i>とり</i> ト
office or registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. I hereby acc agent. I am familiar with, and accept the obligations of Section 607.0505, Florida Statutes.	ept the appointment as registered
SIGNATURE Stynature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)	2-14-97
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFF	PUL.
MILE P DELETE 1.1 TITLE	Change Addition
NAME MATTEO, FRANK R 1.2 NAME	-
STREET ADDRESS 9 SHINGLE OAK DR 1.3 STREET ADDRESS	
CITY-ST-ZIP VOORHEES NJ 1.4 CITY-ST-ZIP	
TITLE VP DELETE 2.1 TITLE	Change Addition
NAME LAINO, VINCENT A 2.2 NAME	
STREET ADDRESS 302 FALL CREEK DR 2.3 STREET ADDRESS	
CITY-ST-ZIP RICHARDSON TX 2.4 CITY-ST-ZIP	
TITLE ST DELETE 3.1 TITLE ST WILLIAM W 3.2 NAME STREET ADDRESS 690 OSCEOLA AVE., #208 3.3 STREET ADDRESS 215 OSCEOLA COUR	Change Addition
NAME KIRK, WILLIAM W 3.2 NAME WILLIAM W. KIRK	
STREET ADDRESS 690 OSCEOLA AVE., #208 3.3 STREET ADDRESS 215 0 SCEOLA COUR	
CITY-ST-ZIP WINTER PARK FL 3.4 CITY-ST-ZIP WINTER PARK FL	
TITLE DELETE 4.1 YITLE	. [_] Change
NAME 4.2 NAME	
STREET ADDRESS 4.3 STREET ADDRESS	l
CITY-ST-ZIP 4.4 CITY-ST-ZIP	
CITY-S1-ZIP	Change Addition
CITY-ST-ZIP	Change Addition
CITY-ST-ZIP	Change Addition
CITY-ST-ZIP	
CITY-ST-ZIP	Change Addition
11 12 12 13 14 15 17 17 17 18 19 19 19 19 19 19 19	
CITY-ST-ZIP	

4. 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

GINATURE AND TYPED DA PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date