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

PROFIT CORPORATION **TANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT #

1. Corporation Name

P94000046645 (5)

K. O. PROMOTIONS, INC.

K. U.	PHOMOTIONS, INC.					
Principal Place o	f Business	Mailing Address			1 14911991 (18 1911: 91911 89111	SSIN MAIN BOIN BINN BERN MINN BINN BINN ING
1300 PAUL RUSSELL RD N TALLAHASSEE FL 32301		1300 PAUL RUSSELL RD N TALLAHASSEE FL 32301				
					3. Date incorporated or Qualified 06/22/1994	3a. Date of Last Report 05/01/1995
2. Principal Plac	ce of Business	2a. Mailing Address 26			4. FEI Number 59-3258757	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
23		28	T 60	untry	This corporation has liability for	A0060 to 1 663
Zφ	Country	Z _i p	30	DI III Y		s 🔲 No
24	25 9. Name and Address of Curre		130	Ť ·	10. Name and Address of New	Registered Agent
	S. realite that Address of College			81 Name	9	
ATUMONI MATELTON, CEDI				82 Stree	t Address (P.O. Box Number is Not Accepta	able)
ATKINSON-HAZELTON, GERI 1300 PAUL RUSSELL RD N				50 3000	Address (F.O. Box Harrison to Hot Viscopia	
	HASSEE FL 32301			83		
IALLA	INOUEL TE DECOT			84 City		85 Zip Code
				1 1 1		FL
	o the provisions of Sections 607.050 ad agent, or both, in the State of Flo n, and accept the obligations of, Sec			ove-named corporation	corporation submits this statement for the p 's board of directors. I hereby accept the ap	
SIGNATURE.	Signature, typed or printed name of registered age				re required when reinstating)	FICERS AND DIRECTORS IN 12
,12.		ND DIRECTORS	13		ADDITIONS/CHANGES TO O	Change Addition
TITLE	DPS	☐ DETELE		T)TLE		_ shares the
NAME	HAZELTON, DONALD F	. 41		NÀME Ataces Loopeo	_	
STREET ADDRESS	1300 PAUL RUSSELL RD			STREET ADDRES	\$	
CITY-ST-ZIP	TALLAHASSEE FL 32301	T DELETE		CITY-ST-ZIP	+	☐ Change ☐ Addition
TITLE	DVT	_	l l	NAME		
NAME	ATKINSON-HAZELTON, G		I .	STREET ADDRES	·e	
STREET ADDRESS	1300 PAUL RUSSELL RD				3	
CHY-SI-ZIP	TALLAHASSEE FL 32301	☐ DELETE		CITY-ST-ZIP		Change Addition
TITLE		El occesi		NAME		
NAME			- 1	. \$TREET ADDRE	ss	
STREET ADDRESS				CITY-ST-ZIP		
CITY-ST-ZIP		☐ DELETE		I TITLE		Change Addition
TITLE			4.2	NAME		
NAME STREET ADDRESS				STREET ADDRES		1070 000
1			4.4	CITY - ST - ZIP	-04/30/960	1072030
CITY-ST-ZIP TITLE		DELETE		1 TITLE	***200.00	Change Addition
NAME		_	5.7	NAME		
STREET ADDRESS				STREET ADDRE	ss	
				CITY-ST-ZIP		
CITY-ST-ZIP TITLE		☐ DELETE		1 TITLE		Change Admition
NAME		-	6.3	NAME		11 20 79

64 DIY-SI-ZIP

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.