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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATION 3

1996

DOCUMENT #

P94000052258 (8)

KIM-TONE ENTERPRISES, INC.

Principal Place of Business Mailing Address											
9318 WICKHAM WAY ORLANDO FL 32836				9318 WICKHAM WAY ORLANDO FL 32836							
								3. Date Incorporated or Qualified 07/11/1994	3a. Date of Last Report 05/01/1995		
	2. Principal Place of Business			2a. Mailing Address				4. FET Number Applied For			
21	Suita Ant #	Suite, Apt. #, etc.		Suite, Apt. #, etc.				59-3251649			Not Applicable
22	· · · · · · · · · · · · · · · · · · ·	, etc.	27					5. Certificate of Status Desired	\$8.75 Additional Fee Required		
23	City & State	olty & State		City & State				Election Campaign Financing Trust Fund Contribution			May Be
23	Zip	Country		Zip Country				Trust Fund Contribution Added to Fees 8. This corporation has liability for intangible tax under s 199.032,			
24		25 29		30				Florida Statutes			
		g. Name and Address of Currer	L		1.1.1			10. Name and Address of New F		Agent	
ARENA, KIM A						11	Name				
						2	Street Addre	ess (P.O. Box Number is Not Acceptab	le)		
9318 WICKHAM WAY ORLANDO FL 32836						33			- 		
					8	34	City			85 Z	ıp Code
- 44	Durament to	the era kines of Protions 607.0: 00	S = 1 CO 7	1600 60 33 60 1					<u>FL</u>	1, 1,	1
11. Pursuant to the provisions of Sections 607.05.02 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered or registered agent, or both, in the State of Fiorida Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I familiar with, and accept the obligations of, Section 607.0505. Florida Statutes.										registered office diagent. Lam	
SIGNATURE Signature best to protect and of equivalent and the Lapsacian (PDF) Regulates April what what wherepoint at the require at the require at the requirement of the policy of the policy of the policy of the requirement of the policy											
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$\overline{}$	Y-ST-ZIP L. I do hereby	certify that the information supplied	eith this fil	iori is voluntarily fornis	64 City shed and do			or the exemption stated in Section 119	nzewa Ela	ada Statu	tae I furthos

root necess certify that the information supplied with this integrity voluntarily furnished and does not quiting for the exemption stated in Section 119.0/(5)(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 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 AND TYPES ON PAINTED NAME OF SIGNING OFFICER OR DIRECTOR

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407-876-1506