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 # P94000071532 (3)

THE SPECIAL K CORPORATION OF THE SOUTH

FILED Feb 18 1997 8:00am Secretary of State



Principal Pla	ce of Business	Mailing Add	dress			i (CO)/GO); 110 10311 01031 UD)(CO OD)(CO) OD)(CO) OD)				
	LETREE CIRCLE BEACH FL 33414		13121 DOUBLETREE CIRCLE WEST PALM BEACH FL 33414-4038							
WEST PALM	DEAGN FL 33414	TEST FALK	W DENOTITE S	J414-1000						
						3. Date Incorporated or Qualified 09/27/1994	3a. Date of 03/13/1		port	
	Place of Business	2a. Mailing	Address			4. FEI Number			olied For	
21		26				65-0522314			Applicable	
Suite, Apt	t. #, etc.	Suite, A	.pt. #, etc.			5. Certificate of Status Desired	1 1 7 7	5.75 A Fee Red	dditionat quired	
City & Sta	ate	City & S	State			6. Election Campaign Financing	\$	5.00	May Be	
23		28				Trust Fund Contribution		Added to	Fees	
Zip	Country	Zip		Countr	y	8. This corporation has liability for			199.032,	
24	25	29		30		Florie's Statutes 10. Name and Address of New Re	Yes No			
	g. Name and Address of Cu	rrent Registered Ag	Je nt	81	Name	10. Maille and Address of New Ne	Arstalan waar			
	HASE, ALAN R				Ivanie					
	00 S. Dadeland Blvd. Jite 600				Street Add	Street Address (P.O. Box Number is Not Acceptable)				
	AMI FL 33156			83	1					
				84	City		 85	Zip C	ode	
						poration submits this statement for the p	FL °°	<u> </u>		
agent I SIGNATURE	am familiar with, and accept the o					uired when reinslating)	DATE			
12.	OFFICERS	AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICE			3 IN 12	
TITLE	D		DELETE	1.1 TITLE				Change	Addition	
NAME	KIEVAL, YVONNE			1.2 NAME						
STREET ADDRESS	13121 DOUBLETREE CIRC WEST PALM BEACH FL 33				T ADDRESS					
CITY-ST-ZIP	WEST PALM DEACH FL 33)111	DELETE	1.4 CITY - 2.1 TITLE	ST-ZIP			Change	Addition	
TITLE				2.2 NAME				o nange		
NAME STREET ADDRESS				ŀ	et address					
CITY-ST-ZIP				2. 4 CITY						
TITLE			DELETE	3.1 TITLE	01 EII	<u></u>		Change	☐ Addition	
NAME				3.2 NAME						
STREET ADDRESS	s			3.3 STREI	ET ADDRESS					
CITY-ST-ZIP				3.4. CITY	- ST - ZIP	_				
TITLE			DELETE	4.1 TITLE				Change	Addition	
NAME				4. 2 NAM	E					
STREET ADDRESS	s			4.3 STRE	T ADDRESS					
CITY-ST-ZIP			l neuere	4.4 CITY	ST-ZIP			Change	Addition	
TITLE			DELETE	5.1 TITLE				CHAIL fi c	L AGOGIO	
NAME				5.2 NAME						
STREET ADDRESS	5				ET ADDRESS					
CITY-ST-ZIP TITLE			DELETE	5.4 CITY - 6.1 TITLE				Change	Addition	
NAME				6.2 NAM						
STREET ADDRESS	s				ET ADDRESS					
CITY-ST-ZIP				6.4 CITY	1					
0-11-01-71c				9.7 910						

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.

11-14-97

521-790-450