

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

PROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000073649 (3)

1. Corporation Name
KEPAJI, INC.



Principal Place of Business: **644 2ND LANE VERO BEACH FL 32960**
Mailing Address: **644 2ND LANE VERO BEACH FL 32960**

2. Principal Place of Business: **644 2ND LANE VERO BEACH FL 32960**
2a. Mailing Address: **PO Box 650519**
22. Suite, Apt. #, etc.
23. City & State: **VERO BEACH FL**
24. Zip: **32965**

3. Date Incorporated or Qualified: **10/03/1994**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **65-0541425**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes: Yes No

g. Name and Address of Current Registered Agent
**COMMERFORD, PAUL
644 2ND LANE
VERO BEACH FL 32962**

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code: **FL**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	1. TITLE
NAME	KURUTZ, KENNETH	2. NAME
STREET ADDRESS	644 2ND LANE	3. STREET ADDRESS
CITY-ST-ZIP	VERO BEACH FL	4. CITY-ST-ZIP
TITLE	VSD	5. TITLE
NAME	ROODE, JAMES	6. NAME
STREET ADDRESS	644 2ND LANE	7. STREET ADDRESS
CITY-ST-ZIP	VERO BEACH FL	8. CITY-ST-ZIP
TITLE	TD	9. TITLE
NAME	COMMERFORD, PAUL	10. NAME
STREET ADDRESS	POST OFFICE BOX 650549 - 800 20 PLACE	11. STREET ADDRESS
CITY-ST-ZIP	VERO BEACH FL 32960 #4	12. CITY-ST-ZIP
TITLE		13. TITLE
NAME		14. NAME
STREET ADDRESS		15. STREET ADDRESS
CITY-ST-ZIP		16. CITY-ST-ZIP
TITLE		17. TITLE
NAME		18. NAME
STREET ADDRESS		19. STREET ADDRESS
CITY-ST-ZIP		20. CITY-ST-ZIP

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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 or person 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: *Paul Komar*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: **3-6-96**
Daytime Phone #: **402-228-2882**

CR2E034 (12/95)