

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

FILED
Jun 09 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P94000073649 (3)
1. Corporation Name
KEPAJI, INC.



Principal Place of Business Mailing Address
~~044 END LANE
VERO BEACH FL 32968~~
~~870 35th Ct SW
VERO BEACH, FL 32968~~
PO BOX 650519
VERO BEACH FL 32965-0519

2. Principal Place of Business 2a. Mailing Address
21 870 35th Ct, SW. 26
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 City & State 27 City & State
23 Vero Beach, FL 28
Zip Country Zip Country
24 32968 25 USA 29 30

3. Date Incorporated or Qualified 3a. Date of Last Report
10/03/1994 05/01/1996
4. FEI Number Applied For
65-0541425 Not Applicable
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

9. Name and Address of Current Registered Agent
COMMERFORD, PAUL
~~044 END LANE PO BOX 650519
VERO BEACH FL 32968~~
~~870 35th Ct, SW
VERO BEACH, FL 32968~~

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City Vero Beach FL 85 Zip Code 32968

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 607.0605, Florida Statutes.

SIGNATURE Signature, typed or printed name of registered agent and title, applicable (NOTE: Registered Agent signature required when new filing) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	KURUTZ, KENNETH	
STREET ADDRESS	044 END LANE PO BOX 650519	
CITY-ST-ZIP	VERO BEACH FL 32968	
TITLE	VSD	<input checked="" type="checkbox"/> DELETE
NAME	ROODE, JAMES	
STREET ADDRESS	844 2ND LANE	
CITY-ST-ZIP	VERO BEACH FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	COMMERFORD, PAUL	
STREET ADDRESS	PO BOX 650549-800, 20 PLACE #4	
CITY-ST-ZIP	VERO BEACH FL 32968	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Commerford, Paul	
1.3 STREET ADDRESS	870 35th Ct, SW	
1.4 CITY-ST-ZIP	Vero Beach, FL 32968	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Kurutz, Kenneth	
3.3 STREET ADDRESS	870 35th Ct, SW	
3.4 CITY-ST-ZIP	Vero Beach, FL 32968	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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.

SIGNATURE *[Handwritten Signature]* *[Handwritten Signature]* *[Handwritten Signature]*

CR2E034 (9/96)