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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

Principal Place of Business 19 BALD EAGLE DRIVE MARCO ISLAND FL 33837 POCCUMENT # P94000809/3 (8) KEMCO ENTERPRISES, INC. Mailing Address 19 BALD EAGLE DRIVE MARCO ISLAND FL 33414			-3580		
					ate of Last Report
2. Principal f	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21	**************************************	26		65-0537022	Not Applicable
Suite, Apt	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Sta	ite	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip 24	Country 25	Zıp 29	Country 30	8. This corporation has liability for intangible Florida Statutes Yes	
<u></u>	9. Name and Address of Curre		1301	10. Name and Address of New Registered	
	RCO ISLAND FL 33937 It to the provisions of Sections 607.05 registered agent or both, in the Stat am familiar with, and accept the obli	502 and 607.1508, Florida Statt te of Florida, Such change was gations of, Section 607.0505, F	83 84 City Ites, the above-named core authorized by the corporatorida Statutes.	poration submits this statement for the purpose of ation's board of directors. I hereby accept the ap	85 Zip Code of changing its registered
SIGNATURE	Signature, typed or portled name of registered a		TE: Registered Agent signature requ	uired when reinstating) DATE	411111111111111111111111111111111111111
12.		ND DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFICERS AN	
TITLE NAME	D GURSOY, KEMAL A	בן טנננונ	1.1 TITLE 1.2 NAME		Change Addition
STREET ADDRESS			1.3 STREET ADDRESS		
CITY-S1-7IP	MARCO ISLAND FL 33937		1.4 CITY - ST - ZIP		
TITLE		☐ DELETE	2.1 TITLE		Change Addition
NAME STREET ADDRESS			2.2 NAME 2.3 STREET ADDRESS		
CITA-21-516			2.4 CITY-ST-ZIP	٧,٠	
TITLE		DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIF TillE		DELETE	3.4. CITY - ST - ZIP 4.1 TITLE		Change Addition
NAME		-	4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY - ST - ZIP	<u> </u>	Figure	4.4 CITY-ST-ZIP		Chance Later
TITLE NAME		☐ DELETE	5.1 TITLE 5.2 NAME		Change Addition
STREET ADORESS	}		5.3 STREET ADDRESS		
CITY-ST-ZIF			5.4 CITY-ST-ZIP		
THE		☐ DELETE	61 TITLE	,	Change Addition
NAME			6.2 NAME		
STREET ADDRESS.	1		6 3 STREET ADDRESS		

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.

6.4 CITY - ST - ZIP

SIGNATURE:



FILED

May 14 1997 8:00am

Secretary of State