## 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

## DOCUMENT # P94000081926 (5)

FKS INTERNATIONAL, INC.

| Princin | al Flan | െറി | Rusinnes |
|---------|---------|-----|----------|

Mailing Address

B109 MISTY OAKS BLVD. SARASOTA FL 34243 8109 MISTY OAKS BLVD. SARASOTA FL 34243-3111

## FILED Jan 27 1997 8:00am Secretary of State



| Suite, Apt # otc   | NOUTH IL O                  | 71270   |   |                         |                  |               |   |                 |                                       |              |
|--|-----------------------------|---|---|-------------------------|------------------|---------------|---|-----------------|---------------------------------------|--------------|
| Suite, Apt # etc Suite, Apt #, |                             |   |   |                         |                  |               |   |                 |                                       | eport        |
| Suite, Apt # otc   | Principal Pla               | ace of Business   | 2a. Mailing Address   |                         |                  |               |   | <u> </u>        | Αp                                    | plied For    |
| Suite, Apt #, etc.  27 City & State City & State 28 City & State 29 20 20 21 20 22 20 20 20 21 20 20 20 20 20 20 20 20 20 20 20 20 20  |                             |   | 26  |                         |                  |               | 65-0528467                                |                 | No                                    | t Applicable |
| City & State  23 28 28 29 20 20 20 20 20 20 20 20 20 20 20 20 20   | Suite, Apt #                | #. etc  |   |                         |                  |               | 5. Certificate of Status Desired          | 11 7            |                                       |              |
| Zip  | City & State                | 3   | , <u> </u>  |                         |                  |               | 6. Election Campaign Financing            | \$              | 5.00                                  | May Be       |
| Zip Country Zip Country Zip Country B. This corporation has liability for intangible tax under s. 199 0 Florida Statutes   |                             |   | 28  |                         |                  |               |   |                 |                                       |              |
| 9. Name and Address of Current Registered Agent  SHEA, PATRICK A 8109 MISTY OAKS BLVD. SARASOTA FL 34243  82 Street Address (P.O. Box Number is Not Acceptable)  83   Bat   City   | Zıp                         | Country   | Zip   | Cor                     | untry            |               | 8. This corporation has liability for i   | ntangible tax u | inder s                               | 199.032,     |
| SHEA, PATRICK A 8109 MISTY OAKS BLVD. SARASOTA FL 34243  82 Street Address (P.O. Box Number is Not Acceptable)  83   84 City   FL   85 Zip Code  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 registerated 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 registeragent are mainlair with and accept the obligations of, Section 607.0505, Florida Statutes  SIGNATURE  SIGNATURE  Signature is provided an accept the provision and the displace (Note Registered Agent agrature required when renesating)  DATE  12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1:  TITLE  D DELETE  1.1 TITLE  SHEA, PATRICK A  1.2 NAME  SIREET ADDRESS  SIREET ADDRESS  SARASOTA FL 34243  1.4 CITY-ST-ZIP  TITLE  D DELETE  2.2 NAME  SHEET ADDRESS  SHEET ADDRESS  SHEET ADDRESS  SHEET ADDRESS  SHEET ADDRESS  SARASOTA FL 34243  2.2 STREET ADDRESS  SHEET ADDRESS  SARASOTA FL 34243  2.2 STREET ADDRESS  SHEET ADDRESS  SARASOTA FL 34243  2.3 STREET ADDRESS  SHEET ADDRESS  SARASOTA FL 34243  2.4 CITY-ST-ZIP  TITLE  DELETE  3.1 TITLE  Change  A  Change  Change  Change  Change  Change  Change  Change  Chang |                             | 25  | 29  | 30                      |                  |               | Florida Statutes                          | Yes 🗌 No        | )                                     |              |
| 8109 MISTY OAKS BLVD. SARASOTA FL 34243  82 Street Address (P.O. Box Number is Not Acceptable)  83   84  |                             | 9. Name and Address of Curre  | nt Registered Agent   |                         |                  |               | 10. Name and Address of New Re            | gistered Ager   | t                                     |              |
| SARASOTA FL 34243  83  84 City  FL 85 Zip Code  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 regist 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 registed agent. Tam familiar with and accept the obligations of, Section 607,0505, Florida Statutes.  SIGNATURE  SIGNATURE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1:  TITLE  D D DELETE  1.1 TITLE  NAME  SHEA, PATRICK A  SIREET ADDRESS  SARASOTA FL 34243  1.4 CITY-ST-ZIP  TITLE  D SHEA, SUZANNE  SIREET ADDRESS  SARASOTA FL 34243  2.2 YAME  SIREET ADDRESS  SARASOTA FL 34243  2.3 STREET ADDRESS  SARASOTA FL 34243  2.4 CITY-ST-ZIP  TITLE  NAME  DELETE  3.1 TITLE  Change  A  Change  | SHEA                        | L PATRICK A   |   |                         | 81               | Name          |   |                 |                                       |              |
| SARASOTA FL 34243  83  84 City  FL 85 Zip Code  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 regist agent. I am familiar with and accept the obligations of, Section 607,0505, Florida Statutes.  SIGNATURE  Signature Institute | 8109                        | MISTY OAKS BLVD.  |   |                         | 82               | Street Addre  | ess (P.O. Boy Number is Not Acceptab      | le\             |                                       |              |
| 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 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 register agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature   Sig | SARA                        | ISOTA FL 34243  |   |                         |                  | Direct Maare  | dated in the result of the recording      |                 |                                       |              |
| 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 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 register agent, and familiar with and accept the obligations of, Section 607,0505, Florida Statutes.  SIGNATURE  Signature specific 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 register agent and the applicable.  (NOTE Registered Agent agrature required when reinstating)  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1:  TITLE  NAME  SHEA, PATRICK A  11. TITLE  12. NAME  SHEA, PATRICK A  13. STREET ADDRESS  CITY-SI-ZIP  TITLE  D LETE  14. CITY-SI-ZIP  TITLE  D LETE  14. CITY-SI-ZIP  17. LE  17. TITLE  17. Change  A CITY-SI-ZIP  TITLE  17. TITLE  17. Change  A CITY-SI-ZIP  TITLE  18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1:  A CITY-SI-ZIP  TITLE  18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1:  A CITY-SI-ZIP  TITLE  18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1:  A CITY-SI-ZIP  TITLE  18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1:  A CITY-SI-ZIP  TITLE  18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1:  A CITY-SI-ZIP  TITLE  18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1:  A CITY-SI-ZIP  TITLE  18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1:  A CITY-SI-ZIP  TITLE  18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1:  A CITY-SI-ZIP  TITLE  18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1:  A CITY-SI-ZIP  TITLE  18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1:  A CITY-SI-ZIP  TITLE  18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1:  A CITY- | 4, 4                        |   |   |                         | 63               |               |   |                 |                                       | -· .,        |
| 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 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 register agent, and familiar with and accept the obligations of, Section 607,0505, Florida Statutes.  SIGNATURE  Signature specific 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 register agent and the applicable.  (NOTE Registered Agent agrature required when reinstating)  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1:  TITLE  NAME  SHEA, PATRICK A  11. TITLE  12. NAME  SHEA, PATRICK A  13. STREET ADDRESS  CITY-SI-ZIP  TITLE  D LETE  14. CITY-SI-ZIP  TITLE  D LETE  14. CITY-SI-ZIP  17. LE  17. TITLE  17. Change  A CITY-SI-ZIP  TITLE  17. TITLE  17. Change  A CITY-SI-ZIP  TITLE  18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1:  A CITY-SI-ZIP  TITLE  18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1:  A CITY-SI-ZIP  TITLE  18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1:  A CITY-SI-ZIP  TITLE  18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1:  A CITY-SI-ZIP  TITLE  18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1:  A CITY-SI-ZIP  TITLE  18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1:  A CITY-SI-ZIP  TITLE  18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1:  A CITY-SI-ZIP  TITLE  18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1:  A CITY-SI-ZIP  TITLE  18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1:  A CITY-SI-ZIP  TITLE  18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1:  A CITY-SI-ZIP  TITLE  18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1:  A CITY- |                             |   |   |                         |                  |               |   |                 | T =-                                  |              |
| 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 regist 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 arm familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature spirit or pured or pured name of registered agent and the if applicable (NOTE Registered Agent agnature required when reinstating)  DATE  12. OFFICERS AND DIRECTORS IN 1:  ITILE  D  SHEA, PATRICK A  \$109 MISTY OAKS BLVD.  SARASOTA FL 34243  14 CITY-ST-ZIP  TITLE  D  SHEA, SUZANNE  \$109 MISTY OAKS BLVD.  SHEA, SUZANNE  \$109 MISTY OAKS BLVD.  SARASOTA FL 34243  22 NAME  \$109 MISTY OAKS BLVD.  SARASOTA FL 34243  24 CITY-ST-ZIP  ITILE  D Change A  A  Change A   |                             |   |   |                         | 84               | City          |   | FI  85          | Zip                                   | Code         |
| 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 register agent 1 am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Stignature hybrid or printed name of registered agent and the if applicable. (NOTE Registered Agent signature required when reinstating)  12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1:  TITLE  NAME  SHEA, PATRICK A  SIREET ADDRESS  CITY-ST-ZIP  SARASOTA FL 34243  14 CITY-ST-ZIP  SHEA, SUZANNE  SHEA, SUZANNE | Pursuant to                 | to the provisions of Sections 607.050   | 02 and 607.1508, Florida Statu                                | utes, the E             | above            | named corp    | oration submits this statement for the p  | urpose of cha   | nging it                              | s registered |
| SIGNATURE   Stignation Typind or printed name of registered agent and title if applicable   (NOTE Registered Agent signature required when reinstating)   DATE   | office or re<br>agent. I an | agistered agent, or both, in the State<br>m familiar with, and accept the oblig   | e of Florida. Such change was gations of, Section 607.0505, F | authorize<br>lorida Sta | ed by<br>stutes. | the corporati | ion's board of directors. I hereby accept | ot the appointn | nent as                               | registered   |
| 12. OFFICERS AND DIRECTORS  TITLE  D SHEA, PATRICK A SIREET ADDRESS STREET ADDRESS CITY-ST-ZIP SHEA, SUZANNE STREET ADDRESS SHEA, SUZANNE STREET ADDRESS SHEA, SUZANNE STREET ADDRESS SHEA, SUZANNE STREET ADDRESS STREET ADDRESS STREET ADDRESS SHEA, SUZANNE STREET ADDRESS STREET | SNATURE                     |   |   |                         |                  |               |   |                 | <u></u>                               |              |
| NAME   |                             |   |   |                         |                  |               |   | ERS AND DIR     | ECTOR                                 | S IN 12      |
| STREET ADDRESS   SARASOTA FL 34243   13 STREET ADDRESS   14 CITY-ST-ZIP  | E                           | D   | DELETE  | 1.1 T                   | FITLE            |               | 31101                                     |                 | Change                                | Addition     |
| STREET ADDRESS   SARASOTA FL 34243   13 STREET ADDRESS   14 CITY-ST-ZIP  | AE .                        | SHEA. PATRICK A   |   | 1.2 M                   | NAME             |               |   |                 |                                       |              |
| CITY-ST-ZIP  |                             |   |   |                         |                  | LOORESS       |   |                 |                                       |              |
| DELETE   21 TITLE   Change   A   |                             |   |   |                         |                  | 1             |   |                 |                                       |              |
| NAME   SHEA, SUZANNE   22 NAME   23 STREET ADDRESS   SHEAT ADDRESS   SARASOTA FL 34243   2.3 STREET ADDRESS   2.4 CITY - ST - ZIP   STREET ADDRESS   SARASOTA FL 34243   2.4 CITY - ST - ZIP   STREET ADDRESS   SARASOTA FL 34243   2.4 CITY - ST - ZIP   STREET ADDRESS   SARASOTA FL 34243   2.3 STREET ADDRESS   3.3 S   |                             |   | DELETE  |                         |                  | -211          |   | 77              | hanoe                                 | Addition     |
| STREET ADDRESS   8109 MISTY OAKS BLVD.   2.3 STREET ADDRESS  | 1                           | T   | <u></u>   | 1                       |                  |               |   |                 |                                       |              |
| CITY-ST-ZIF  |                             |   |   |                         |                  | UDDB666       |   |                 |                                       |              |
| TITLE  |                             |   |   | - 1                     |                  | ì             |   |                 |                                       |              |
| NAME 32 NAME   |                             | OVER THE STATE OF | DELETE  |                         |                  | I-ZIP         |   |                 | hanne.                                | Addition     |
|  |                             |   | La veccio   |                         |                  |               |   | ' لسا           | Mange                                 |              |
|  |                             |   |   |                         |                  | 1000000       |   |                 |                                       |              |
| STREET ADDRESS 3.3 STREET ADDRESS  |                             |   |   |                         |                  |               |   |                 |                                       |              |
| CHY-ST-ZIP   |                             |   | DELETE  |                         |                  | 1-2119        |   |                 | hanne                                 | Addition     |
|  | 1                           |   | C percie  | •                       |                  |               |   | ' لــــ         | nigiry G                              |              |
| NAME 4.2 NAME  | -                           |   |   | _                       |                  |               |   |                 |                                       |              |
| STREET ADDRESS 43 STREET ADDRESS   |                             |   |   | ı                       |                  | 4             |   |                 |                                       |              |
| CITY-ST-ZIP 44 CITY-ST-ZIP   |                             |   | Driver  |                         |                  | -ZIP          |   |                 | · · · · · · · · · · · · · · · · · · · | Adapter      |
|  | 1                           |   | ☐ D£LE1£  |                         |                  |               |   | البيا           | -uange                                | Addition     |
| NAME 5.2 NAME  |                             |   |   |                         |                  |               |   |                 |                                       |              |
| STREET ADDRESS 5.3 STREET ADDRESS  | EET ADDRESS                 |   |   | 5.3 \$                  | STREET A         | ADDRESS       |   |                 |                                       |              |
| CITY-ST-ZIP 5.4 CITY-ST-ZIP  | Y-ST-ZIP                    |   |   | 5.4 (                   | CITY - ST        | - ZIP         |   |                 |                                       |              |
| TITLE DELETE 6.1 TITLE Change A  | .E                          |   | ☐ DELETE  | 6.1 1                   | TITLE            |               |   |                 | Change                                | Addition     |
| NAME 62 NAME   |                             |   |   | 6.2 N                   | NAME             | J             |   |                 |                                       |              |
| STREET ADDRESS 6.3 STREET ADDRESS  | NE                          |   |   |                         |                  | t t           |   |                 |                                       |              |
| CITY-ST-ZIP 6.4 CITY-ST-ZIP  |                             |   |   | 6.3 9                   | STREET A         | ADDRESS       |   |                 |                                       |              |
| Service And Andread An | EET ACCURESS                |   |   |                         |                  |               |   |                 |                                       |              |

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

5/97

941-355-8245