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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998 DOCUMENT # P9400083045 (2)

KNIGHT ENTERPRISES, INC.

Principal Place of Business

6712 GULF BLVD. ST. PETERSBURG BEACH FL 33706 Mailing Address

6712 GULF BLVD.

ST. PETERSBURG BEACH FL 33706

FILED Jan 27 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

								4.134.1400.4		
								11/14/1994		
<u> </u>	lace of Business	2a. Mailing Address					4. FEI Number Applied For			
21		26					59-3279509 Not Applicable			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					5. Certificate of Status Desired S8.75 Additional Fee Required			
City & State	9	City & State					6. Election Campaign Financing \$5.00 May Be			
23		28					Trust Fund Contribution Added to Fees			
Zîp	Country Zip Co					Country		8. This corporation owes or has paid the current year Intangible		
24	25		29		30			Personal Property Tax due June 30. X Yes No		
Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent				
MCNAMEE, LYNN J 6091 17TH AVE N. ST. PETERSBURG FL 33710						81 Name .				
						82 Street Address (P.O. Box Number is Not Acceptable)				
						83				
						84 City 85 Zip Code				
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 Signature Model or prolated name of registered agent and life if applicable. (NOTE: Registered Agent signature required when relnstating) DATE										
	Signature, typed or p	rinted name of registered ager					nt signatur			
12.		OFFICERS AND	DIRECT			3.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition		
TITLE	_					1 TITLE		Change Addition		
NAME	mora unice; cirir o					2 NAME				
STREET ADDRESS	0, 12					3 STREET	ADDRESS	is		
CITY - ST - ZIP	ST. PETERSBURG BEACH FL 33706 1.40					4 CITY-S	T-ZIP			
TITLE	DELETE 2.11					1 TITLE		Change Addition		
NAME	2.2				2.	2.2 NAME				
STREET ADDRESS	235				2.	2.3 STREET ADDRESS				
CITY-ST-ZIP	2.4				2.	4 CITY - S	ST-ZIP			
TITLE					3.	3.1 TITLE		Change Addition		
NAME	3.23				3.	3.2 NAME				
STREET ADDRESS	s \				3.	3.3 STREET ADDRESS				
CITY-ST-ZIP					3.	4. CITY-S	ST-ZIP			
TITLE	_	·		☐ DELETE		1 TITLE		Change Addition		
NAME					4.	2 NAME				
STREET ADDRESS						4.3 STREET ADDRESS				
CITY-ST-ZIP					1	4 CiTY-S				
TITLE						1 TITLE	- 1411	Change Addition		
NAME						2 NAME				
TWO IS					-	ADDRESS				
STREET ADDRESS	The Miles							N .		
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TITLE				☐ OFFERE				Shallon yidansin		
NAME					4	2 NAME		. [
STREET ADDRESS					•		ADDRESS	SS		
CITY-ST-ZIP 6.4 C						6.4 CITY-ST-ZIP				
14. I hereby o	certify that the in	nformation supplied wi	th this filir	ng does not qualify f	tor the	exemp	tion stat	ated in Section 119.07(3)(i), Florida Statutes. I further certify that the information		

4. I 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 gn an attachment with an address.

SIGNATURE:

MILMANDED

1-15-98

CUZE034 (10/37)