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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P94000089035 (7)**

1. Corporation Name

KASMOR ENTERPRISES, INC.



Principal Place of Business

**7880 W OAKLAND PARK BLVD SUITE 300
FT LAUDERDALE FL 33351**

Mailing Address

**7880 W OAKLAND PARK BLVD SUITE 300
FT LAUDERDALE FL 33351**

3. Date Incorporated or Qualified

12/07/1994

3a. Date of Last Report

02/10/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SCHNUR, MORRIS J
7880 W OAKLAND PARK BLVD SUITE 300
FT LAUDERDALE FL 33351**

81 Name

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 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 typed or printed name of registered agent (do not leave blank)

(NOTE: Registered Agent Signature Required When Reasoning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input type="checkbox"/> DELETE
NAME	SCHNUR, MORRIS J	
STREET ADDRESS	7221 SW 7TH ST	
CITY - ST - ZIP	PLANTATION FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	SCHNUR, KENNETH A	
STREET ADDRESS	7221 SW 7TH ST	
CITY - ST - ZIP	PLANTATION FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1.1 TITLE	President/Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Kenneth A. Schnur	
1.3 STREET ADDRESS	821 NW 85 Terrace, #2216	
1.4 CITY - ST - ZIP	Plantation, FL 33324	
2.1 TITLE	Secretary/Treasurer/	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Director	
2.3 STREET ADDRESS	Morris J. Schnur, 7221 SW 7th Street	
2.4 CITY - ST - ZIP	Plantation, FL 33317	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
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 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 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, with an attachment with an address

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-5-96

Date

305-7410

Daytime Phone #

CR2E034 (12/95)