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 # P94000092057 (6)

K.H.M.D. ENTERPRISES, INC.

Principal Place of Business Mailing Address 803 WINDERGROVE CT. 803 WINDERGROVE CT. **OCCEE FL 34761** OCOEE FL 34761-5610 3. Date Incorporated or Qualified 3a. Date of Last Report 12/19/1994 04/23/1996 4. FEI Number 2. Principal Place of Business 2a. Mailing Address 59-3286303 21 \$8.75 Additional Sulte, Apt. #, etc Suite, Apt. #, etc. 5. Certificate of Status Desired City & State City & State 23 28

30

Ζip

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9. Name and Address of Current Registered Agent MASHBURN, ERIC S 102 E. MAPLE ST. WINTER GARDEN FL 34787

25

Country

Zip

24

			6.	Election Campaign Financing Trust Fund Contribution	9 🗀		5.00 May Be dded to Fees			
Country			8.	This corporation has liability Florida Statutes	for intangi		nder s. 199.032,			
	10. Name and Address of New Registered Agent									
	81	Name			380 T. T. W. B MA T A . C. C.					
	82	Street Address (P.O. Box Number is Not Acceptable)								
	83					·	<u> </u>			
	84	City				185	Zin Code			

FILED

Apr 02 1997 8:00am

Secretary of State

11. Pursuant to the provisions of Sections 607.050? and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered

agent. I a	egistered agent, or both, in the State of Florida. Suc m familiar with, and accept the obligations of, Sectic	n change was aut on 607.0505, Florid	norized by the corporal da Statules.	lion's board of directors, i horeby acce	рі іне арропілівні аз і	ogistereo
SIGNATURE	Signature, typed or printed name of registered agent and tile if applical	blo (NC)1: F	logistered Apold signature requi	red when roustaling)	DATE	
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFI		S IN 12
TITLE	PS	DELETE	1.1 TITLE		☐ Change	Addition
NAME	BRADFIELD, HELEN D		1.2 NAME			
STREET ADDRESS	803 WINDERGROVE CT.		1.3 STREET ADDRESS			
CITY-ST-ZIP	OCOEE FL		1.4 CHY-S1-ZIP			
ITLE	PT	DETEJE	2.1 THLE	4	Change	Addition
NAME	Bradfield, James K		2.2 NAME			
STREET ADDRESS	803 WINDERGROVE CT.		2.3 STREET ADDRESS			
CITY-ST-ZIP	OCOEE FL		2.4 CHY-\$1-7IP			
ITLE		DELETE	3111111	^	Change	Additio
IAME			3.2 NAME			
STREET ADDRESS			3.3 STHEET ADDRESS			
CITY-ST-ZIP			3.4. CITY-ST-ZIP			
ITLE		DELETE	4.1 TITLE		☐ Change	Addition
IAME			4.2 NAME			
TREET ADDRESS			4.3 STRELT ADDRESS			
CITY-ST-ZIP			4.4 CHY-ST-ZIP			
ITLE		DELETE	5.1 THLE		☐ Change	Addition
IAME			5.2 NAME			
TREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CHY-ST-7IP			
ITLE		☐ DELETE	61 INCE		Change	Additio
NAME			62 NAME			
STREET ADDRESS			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 eath; that appears in Block 12 or Block 13 if changed,

Applied For

Fee Regulred

Not Applicable