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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

May 01 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P95000017794 (5)

KHK&K, INC.

Principal Place of Business Malling Address								
5401 S. KIRKM SUITE 725 ORLANDO FL	IAN ROAD	5401 S. KIRKMAN ROAD SUITE 725 OFILANDO FL 32819-7812	5401 S. KIRKMAN ROAD SUITE 725		i			
					3. Date Incorporated or Qualified 03/03/1995	· · · · · · · · · · · · · · · · · · ·		
2. Pr-noipal F	lace of Business	2a. Mailing Address			4. FEI Number			plied For
21		26			59-3318270			t Applicable
Suite, Apt	#, efc	Suite, Apt. #, etc.			Certificate of Status Desired		\$8.75 A Fee Re	
City & Stat	C C	City & State			6. Election Campaign Financing		\$5.00	
<b>23</b> ] Zip	Country	28   Zip	Coun	trv	Trust Fund Contribution  8. This corporation has liability for		Added t	
24	25	29	30	,		Yes		199.032,
24	9. Name and Address of Curr		130		10. Name and Address of New Re			<del></del>
KHA	ATIL, RASHID A 1D		1	Name				
540	1 KIRKMAN ROAS SUITE 725		ŀ	32 Street Add	dress (P.O. Box Number is Not Acceptate	ıle)		
	ANDO FL 32819				STORE (1.0. DOX Hallison to Hot / Sooplas	,,,,		
			Ī	83				
			ļ.	B4 City			<b>85</b> Zip (	Code
				,	rporation submits this statement for the p	FL.		
agent. La	artifarmiliar with, and accept the ob-	oligations of, Section 607.0505, Ft.	orida Statu	tes.	ation's board of directors. I hereby acceptions and acceptions in the second acception acception and acceptions are second acception.	DATE		
12.	OFFICERS /	AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC			
THE	D	☐ DELETE	1.1 7(1)	.ŧ		. L	Change	Addition
NAME	KHATIB, RASHID A		1.2 NA/	ME				
STREET ADDRESS	5401 S. KIRKMAN RD. SUIT	E 725	1.3 STF	EET ADDRESS				
CHY-SI-ZP	ORLANDO FL 32819			Y-ST-ZIP			<del>1</del>	7-14-119
HILF		☐ DELETE	21 111			L.	Change	Addition
NAME			2 2 NA					
STREET ADDRESS				EET ADDRESS				
CITY - S1 - ZIP		DELETE	2 4 Ci	Y-ST-ZIP		····	Change	Addition
THLE NUMBER		beerie	32 NA	1	•	<b>L</b>	_ onange	rodition
NAME CONTRACTOR	ļ			EET ADDRESS				
STREET ADDRESS OFFY - ST - ZIP				Y-ST-ZIP				
TITEF		DELETE	4.1 TIT				Change	Addition
NAME			4, 2 NA	ME				
STREET ADDRESS			4.3 STF	REET ADORESS				
CITY - S1 - ZIP			4.4 CIT	Y-ST-ZIP				
TITLE		☐ DELETE	5.1 TIT			T.	Change	☐ Addition
KAM <del>{</del>			5.2 NA	ME		4		
STREET ADDRESS			5.3 \$16	REET ADDRESS		•		
C!TY - \$1 - 7IP			5.4 CIT	Y-ST-ZIP	the first agent and agent and agent and agent and agent agen			
TifeF		☐ DELETE	6.1 TIT	TE			Change	Addition Addition
NAME			6.2 NA	ME				
STREET ADDRESS			6.3 \$1	REET ADDRESS				
City - St - 7ift				Y-ST-ZIP				
14. I do here	by certify that the information support	olied with this filing does not quality	fy for the i	exemption state	ed in Section 119.07(3)(i), Florida Statute at my signature shall have the same legi	s. I further o	ertify that	the
Laman d	offinder or director of the corporation in Block 12 or Block 13 if changed	n or the receiver or trustee empow	rered to e	xecute this rep	ort as required by Chapter 607, Florida	Statutes; and	i that my r	name

E OF BIGNING OFFICER OR DIRECTOR