

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000018797 (7)

1. Corporation Name

K & M ELECTRONICS, INC.



Principal Place of Business

1513 55TH AVE N
ST PETERSBURG FL 33703

Mailing Address

1513 55TH AVE N
ST PETERSBURG FL 33703

3. Date Incorporated or Qualified
03/08/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 3110-1st Avenue North

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 2L

27

City & State

City & State

23 St. Petersburg, Florida

28

Zip

Country

Zip

Country

24 33713

25

USA

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KIEFNER, CINDY L
5327 COMMERCIAL WAY
SUITE C112
SPRING HILL FL 34606

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 and title if applicable

(NOTE: Registered Agent Signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	KIEFNER, JAMIE A	
STREET ADDRESS	1248 FIRECREEK CT	
CITY-STATE-ZIP	HOLIDAY FL 34690	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	KIEFNER, SUSAN L	
STREET ADDRESS	1248 FIRECREEK CT	
CITY-STATE-ZIP	HOLIDAY FL 34690	
TITLE	V	<input type="checkbox"/> DELETE
NAME	MILICAN, JAMES	
STREET ADDRESS	1513 55TH AVE N	
CITY-STATE-ZIP	ST PETERSBURG FL 33703	
TITLE	T	<input type="checkbox"/> DELETE
NAME	MILICAN, NANCY	
STREET ADDRESS	1513 55TH AVE N	
CITY-STATE-ZIP	ST PETERSBURG FL 33703	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Millican, James	
1.3 STREET ADDRESS	1513-55th Avenue North	
1.4 CITY-STATE-ZIP	St. Petersburg, FL 33713	
2.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Wunderle, Steven	
2.3 STREET ADDRESS	4883-Lake Charles Drive	
2.4 CITY-STATE-ZIP	Kenneth City, FL 33709	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-STATE-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-STATE-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-STATE-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-STATE-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, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James A. Millican

04-08-96 813-327-2828

Date: Signature: Phone #

CR2E034 (12/95)