SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION **ANNUAL REPORT** 1997 DOCUMENT # P95000029800 (6)

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

Sep 16 1997 8:00am Secretary of State

KHK, IN	C.				# 1884 HAN 1818 HAN AND 1818
Principal Place	e of Business	Mailing Address		t cancinus ain ihin: attit mulli ffill uni	ABOTA 11818 18161 18111 88111 8811 (88)
2428 SENECA COURT 2428 SENECA COURT					
PALM HARBOR FL 34683 PALM HARBOR FL 34683			DO NOT WRITE	IN THIS SPACE	
				3. Date Incorporated or Qualified	3a. Date of Last Report
				04/10/1995	03/05/1996
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21 30/	Crosswinds Dr	26 301 Cross	winds Dr	NOT APPLICABLE	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27		5. Commodic of States Source	Fee Required
City State	Hbr 71.	28 Palm Hbr.	7/,	6. Election Campaign Financing	\$5.00 May Be
23 FA / M	Country	28 /a/m /7/17	Comitry	Trust Fund Contribution	Added to Fees
24 34/6	Pinellus	29 34683	of Tholles	 This corporation owes or has pa Personal Property Tax due June 	man and a second
27 27 200	9. Name and Address of Current		001 O 111E114 >	10. Name and Address of New Re	
FITZPATRICK, JOHN C 81 Name					
2428 SENECA COURT 82 Street Addres				es (20). Box Number is Not Acceptate	ole)
PAL	M HARBOR FL 34683		30	ess (79). Rox Number is Not Acceptable (1958). Will describe the control of the c	ADC.
			83		
			84 City	7//	85 Zip Code A
			100	7/m HB1.	FL 3/603
11. Pursuant i	to the provisions of Sections 607.0502 : eoistered agent, or both, in the State of	and 607.1508, Florida Statute : f Florida. Such change was au	s, the above-named corp uthorized by the corporal	ofation submits this statement for the plant is board of directors. I hereby acception's	ourpose of changing its registered of the appointment as registered
agent. I a	m familiar with, and accept the obligation	ons of, Section 607.0505, Flor	ida Statutes.		ar appearance of the second
SIGNATURE					
12.	Signature, typed or printed name of registered agent OFFICERS AND		Registered Agent signature requir	ADDITIONS/CHANGES TO OFFICE	DATE CERS AND DIRECTORS IN 12
TITLE	D	DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	FITZPATRICK, JOHN C		1.2 NAME	2	D.C
STREET ADDRESS	2428 SENECA COURT		1.3 STREET ADDRESS	301 Crosswinds	
CITY-ST-ZIP	PALM HARBOR FL 34683		1.4 CHY-ST-ZIP	BOLL COSSWINDS	. 34683
TITLE		DELETE	2 1 TITLE		Change Acdition
NAME			2 2 NAME		•
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP	<u></u>		2. 4 CITY - S1 - ZIP	<u> </u>	
TITLE		☐ DELETE	3.1 TOLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3 3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	3.4. CITY - ST - ZIP 4.1 TITLE		Change Addition
NAME		Land Control	4. 2 NAME		Countries Countries
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		DELFTE	5 1 TITLE		Change Addition
NAME			5.2 NAME		_ • -
STREET ADDRESS			5 3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY - ST - ZIP		İ
TITLE		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREFT ADDRESS		
CITY-ST-ZIP			64 CITY-ST-7IP		
14 Ldo heret	ov cartify that the information supplied a	with this filing does not qualify	for the exemption stated	in Section 119 07(3)(i) Florida Statute	e I further cortify that the

I do nereby centry that the information supplied with this filing does not quality for the exemption stated in Section 1.19.0/(3)(t), Florida Statutes. I further certify that the information indicated on this annual report or suppliemental 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 13 if chapter 607 or an attachment with an address.