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Apr 18 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000043362 (9)

1. Corporation Name
K & A UNITED INC

Principal Place of Business
6310 FOREST HILL BLVD.
GREENACRES FL 33415
US

Mailing Address
4325 S MARY CIRCLE
PALM BEACH GARDENS FL 33410-6216



3. Date Incorporated or Qualified 06/06/1995
3a. Date of Last Report 04/25/1996

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		65-0582337		Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired		8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution		5.00 May Be Added to Fees	
24 Country		29 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		Yes No	

9. Name and Address of Current Registered Agent

SULAIMAN, HAROON
4325 S MARY CIRCLE
PALM BEACH GARDENS FL 33410

10. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	
NAME	SULAIMAN, HAROON	1.2 NAME	
STREET ADDRESS	4325 S MARY CIR	1.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	
NAME	SULAIMAN, AZIZA	2.2 NAME	
STREET ADDRESS	4325 S MARY CIR	2.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	
NAME	ALIKHAN, MASOOD	3.2 NAME	
STREET ADDRESS	13 MIDWAY CT	3.3 STREET ADDRESS	
CITY-ST-ZIP	BENSENVILLE IL 60106	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	
NAME	KHAN, AYESHA	4.2 NAME	
STREET ADDRESS	13 MIDWAY CT	4.3 STREET ADDRESS	
CITY-ST-ZIP	BENSENVILLE IL 60106	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	AHMED, KAZI	5.2 NAME	
STREET ADDRESS	4339 ROYAL BANYAN WAY	5.3 STREET ADDRESS	
CITY-ST-ZIP	LAKEWORTH FL 33461	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	
NAME	AHMED, KAUSAR A	6.2 NAME	
STREET ADDRESS	4339 ROYAL BANYAN WAY	6.3 STREET ADDRESS	
CITY-ST-ZIP	LAKEWORTH FL 33461	6.4 CITY-ST-ZIP	

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 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: _____

Kazi Ahmed

4-13-97

CR2E034 (9/96)