SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS P95000058576 (6) **DOCUMENT #** K & S INSTALLATIONS, INC. Principal Place of Business Mailing Address 77 BAYTREE CIRCLE 77 BAYTREE CIRCLE **BOYNTON FL 33462 BOYNTON FL 33462** 3. Date Incorporated or Qualified 3a. Date of Last Report 07/26/1995 2. Principal Place of Business 4. FEI Number Mailing Address Applied For Same 77 BAYTHEE CR 65-059601S 26 Not Applicable Suite, Apt. #, etc. Suite, Apt #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 BOYN TON Trust Fund Contribution Added to Fees Country 8. This corporation has liability for intangible tax under s. 199 032 30 Florida Statutes Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 **CT CORPORATION SYSTEM** LINDA L. SORBER 1200 SO. PINE ISLAND ROAD 82 **PLANTATION FL 33324** 83 84 BOYNTON 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 office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. Thereby accept the appoint agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTE: Ring stored Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (3/36)13 DELETE Change Addition TITLE 1.1 TITLE SORBER, LINDA L 1.2 NAME NAME CR2E034 77 BAYTREE CIRCLE STREET ADDRESS 1.3 STREET ADORESS **BOYNTON FL 33462** CITY-ST-ZIP 14 CITY-ST-ZIP DELETE TITLE 2.1 TITLE Change Addition SORBER, JAMES J NAME 2.2 NAME 77 BAYTREE CIRCLE 2.3 STREET ADDRESS STREET ADDRESS **BOYNTON FL 33462** CITY-ST-ZIP 2 4 CITY - ST - ZIP TITLE DELETE 3 1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3 3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4 4 CITY - ST - ZIP DELETE TITLE 5 1 TITLE Change Addition NAME 5.2 NAME

64 CITY - ST - 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

5 3 STREET ADDRESS

63 STREET ADDRESS

5 4 CITY - ST - ZIP

61 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY ST ZIP

TITLE

DELETE

Change Addition