

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

FILED

Apr 04 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000058576 (6)

1. Corporation Name  
**K & S INSTALLATIONS, INC.**



Principal Place of Business <b>77 BAYTREE CR BOYNTON BEACH FL 33462 US</b>	Mailing Address <b>77 BAYTREE CIRCLE BOYNTON FL 33462-4964</b>
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3. Date Incorporated or Qualified <b>07/26/1995</b>	3a. Date of Last Report <b>06/21/1996</b>
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2. Principal Place of Business 21 <b>12970 51st CT. N.</b> Suite, Apt #, etc.	2a. Mailing Address 26 <b>12970 51st CT. N.</b> Suite, Apt #, etc.
22 City & State 23 <b>ROYAL PALM BCH, FL</b>	27 City & State 28 <b>ROYAL PALM BCH, FL</b>
24 Zip <b>33411</b>	29 Zip <b>33411</b>
25 Country <b>PALM BCH</b>	30 Country <b>PALM BCH</b>

4. FEI Number <b>65-0596015</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**SORBER, LINDA L  
77 BAYTREE CIRCLE  
BOYNTON BEACH FL 33462**

81 Name <b>LINDA L. SORBER</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>12970 51st CT. N.</b>
83
84 City <b>ROYAL PALM BEACH FL</b>
85 Zip Code <b>33411</b>

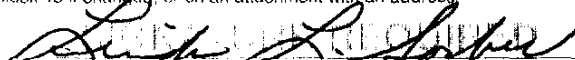
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. 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	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>SORBER, LINDA L</b> <b>77 BAYTREE CIRCLE</b> <b>BOYNTON FL 33462</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>SORBER, JAMES J</b> <b>77 BAYTREE CIRCLE</b> <b>BOYNTON FL 33462</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>SORBER, LINDA L.</b> <b>12970 51st CT. N.</b> <b>ROYAL PALM BEACH, FL 33411</b>
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>SORBER, JAMES J.</b> <b>12970 51st CT. N.</b> <b>ROYAL PALM BEACH, FL 33411</b>
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:   
LINDA L. SORBER

4/1/97 561-792-0774  
Date Daytime Phone #

CR2E034 (9/96)