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

**PROFIT CORPORATION ANNUAL REPORT** 

1997



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT** # P95000063272 (5)

K.N.Z. OF PALM BEACHES, INC.

Principal	Place	of	Business

Mailing Address

5121 WILLOW POND ROAD WEST

5121 WILLOW POND ROAD WEST

## **FILED** Apr 25 1997 8:00am Secretary of State



WEST PALM 6	BEACH FL 33417	WEST PALM BEACH I	FL 33417-8158				
					3. Date Incorporated or Qualified 08/14/1995	3a. Date of Last Repo 05/01/1996	rt
2. Principal Place of Business		2a. Mailing Address	2a. Mailing Address		4. FEI Number	Applie	d For
21		26]			65-0608055	Not Ap	oplicable
Suite, Apt. #, etc.         Suite           22         27		Suite, Apt. #, etc.	ite, Apt. #, etc.		5. Certificate of Status Desired	S8.75 Additional Fee Required	
City & State	В	City & State			Election Campaign Financing     Trust Fund Contribution	\$5.00 May	
Zip	Country	Zip	Cou	nlry	8. This corporation has liability for		
24	25	29	30			Yes 🔲 No	•
	9. Name and Address of Currer	nt Registered Agent			10. Name and Address of New Re	gistered Agent	
KHA	AN, ZAKI A			81 Name			
512	1 WILLOW POND ROAD WEST			82 Street /	Address (P.O. Box Number is Not Acceptab	le)	·
WE	ST PALM BEACH FL 33417				· · · · · · · · · · · · · · · · · · ·	·	
			ļ	83			
			Ì	84 City		FL 85 Zip Cod	e
SIGNATURE	3/AKhan		atutes, the ab as authorized , Florida Stat	oove-named I by the corp utes.	corporation submits this statement for the population's board of directors. I hereby acception $4 - 19$	urpose of changing its rest the appointment as regi	gistered istered
	Signature, typed or printed name of registered age	· · · · · · · · · · · · · · · · · · ·		Agent signature	required when reinstating)	DATE	
12.	OFFICERS AN	D DIRECTORS  DELETE	13.		ADDITIONS/CHANGES TO OFFIC		
TITLE NAME	d Khan, zaki a		1.1 71)			Change	Addition
STREET ADDRESS	5121 WILLOW POND ROAD V	VEST	1.2 NA	ME REET ADDRESS			
CITY-ST-ZIP	WEST PALM BEACH FL 3341			1			
TITLE	TEOT THEM DESCRIPTE OUT	DELETE	2.1 (1)	IY-ST-ZIP LE		Change	Addition
NAME			2.2 NA				
STREET ADDRESS			2.3 ST	REET ADDRESS			
CITY-ST-ZIP			2. 4 CI	TY-ST-ZIP			
TITLE		DELETE	3,1 TIT	ιf		☐ Change	Addition
NAME			3.2 NA	MÉ			
STREET ADDRESS			3.3 \$1	REET ADDRESS			
CITY-ST-ZIP				TY-ST-ZIP			
TITLE	et esse •	DELETE	,4.1 TIT			Change	Addition
NAME			4.2 N/	-			
STREET ADDRESS	•		•	REF1 ADDRESS			
CITY-ST-ZIP TITLE		DELETE	4.4 CF 5.1 TH	Y-SI-ZIP		Change	Addition
NAME		_ otten	5.2 NA			. Onlinge	J Addition
STREET ADDRESS				REET ACIDRESS			
CITY-ST-ZIP				Y-ST-ZIP			
TITLE		DELETE	61 Til			Change _	Addition
NAME		Maried	62 NA	1			
STREET ADDRESS				REET ADDRESS			
CITY-ST-ZIP				Y-ST-ZIP			
U111 U1 67			0401	1 01-11			

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.