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Feb 11 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 # P95000063526 (4)

1. Corporation Name  
KWSS GROUP, INC.



Principal Place of Business  
1695 N.W. HARBOR PLACE  
STUART FL 34994

Mailing Address  
1695 N.W. HARBOR PLACE  
STUART FL 34994

|   |  |
|---|--|
| 3. Date Incorporated or Qualified<br>08/16/1995   | 3a. Date of Last Report<br>01/31/1996                  |
| 4. FEI Number<br>65-0603494   | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired<br><input type="checkbox"/>  | \$8.75 Additional Fee Required                         |
| 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/>  | \$5.00 May Be Added to Fees                            |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes<br><input type="checkbox"/> Yes <input type="checkbox"/> No |  |

|                                |                        |
|--------------------------------|------------------------|
| 2. Principal Place of Business | 2a. Mailing Address    |
| 21 Suite, Apt. #, etc.         | 26 Suite, Apt. #, etc. |
| 22 City & State                | 27 City & State        |
| 23 Zip                         | 28 Zip                 |
| 24 Country                     | 29 Country             |
| 25                             | 30                     |

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WOLFF, F. LOUIS  
4720 N.E. 27TH AVENUE  
FORT LAUDERDALE FL 33308

|   |                                       |
|---|---------------------------------------|
| 81 Name   | SILVERMAN, ALVIN                      |
| 82 Street Address (P.O. Box Number is Not Acceptable) | 1695 NW HARBOR PLACE                  |
| 83  |                                       |
| 84 City   | STUART, FL 34994 FL 85 Zip Code 34994 |

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 *ALVIN SILVERMAN* 02/07/97

Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reappointing)

| 12. OFFICERS AND DIRECTORS |                                   | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|----------------------------|-----------------------------------|---|--|
| TITLE                      | D <input type="checkbox"/> DELETE | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | WOLFF, F. LOUIS                   | 1.2 NAME  |  |
| STREET ADDRESS             | 4720 N.E. 27TH AVENUE             | 1.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | FORT LAUDERDALE FL 33308          | 1.4 CITY-ST-ZIP                                       |  |
| TITLE                      | P <input type="checkbox"/> DELETE | 2.1 TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | SILVERMAN, ALVIN G                | 2.2 NAME  | SILVERMAN, ALVIN   |
| STREET ADDRESS             | 1695 NW HARBOR PLACE              | 2.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | STUART FL 34994                   | 2.4 CITY-ST-ZIP                                       |  |
| TITLE                      | S <input type="checkbox"/> DELETE | 3.1 TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | SCHOFIELD, GEORGE JR              | 3.2 NAME  | SCHOFIELD, GEORGE F, JR  |
| STREET ADDRESS             | 3144 SE QUONSET CIRCLE            | 3.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | STUART FL 34997                   | 3.4 CITY-ST-ZIP                                       |  |
| TITLE                      | T <input type="checkbox"/> DELETE | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | KINKER, LEONARD                   | 4.2 NAME  |  |
| STREET ADDRESS             | 4710 NE 28TH AVENUE               | 4.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | FT. LAUDERDALE FL 33308           | 4.4 CITY-ST-ZIP                                       |  |
| TITLE                      | <input type="checkbox"/> DELETE   | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                                   | 5.2 NAME  |  |
| STREET ADDRESS             |                                   | 5.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |                                   | 5.4 CITY-ST-ZIP                                       |  |
| TITLE                      | <input type="checkbox"/> DELETE   | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                                   | 6.2 NAME  |  |
| STREET ADDRESS             |                                   | 6.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |                                   | 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: *ALVIN SILVERMAN* 02/07/97 (56) 692 4229

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (9/96)