

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

FILED  
May 01 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 # P95000076580 (6)

1. Corporation Name  
KEM, INC.



Principal Place of Business  
3585 S CONGRESS AVE  
PALM BEACH GARDENS FL 33462  
US

Mailing Address  
5336 SEA BISCUIT RD.  
PALM BEACH GARDENS FL 33418-7817

3. Date Incorporated or Qualified  
10/02/1995

3a. Date of Last Report  
05/01/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	65-0610914	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
22	27		
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23	28		
Zip	Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
24	25	29	30

9. Name and Address of Current Registered Agent

KOCHMAN, RONALD S  
5336 SEA BISCUIT RD.  
PALM BEACH GARDENS FL 33418

10. Name and Address of New Registered Agent

81 Name  
GLENN H. EASTON

82 Street Address (P.O. Box Number is Not Acceptable)  
135 YACHT CLUB WAY

83  
#307

84 City  
Hypoluxo FL 85 Zip Code  
33462

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  
Glenn H. Easton  
GLENN H. EASTON - PRES.  
5/1/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EASTON, GLENN H	1.2 NAME	
STREET ADDRESS	924 SE 15TH ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD BEACH FL 33411	1.4 CITY-ST-ZIP	
TITLE	DVS	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MASS, JEFFREY T	2.2 NAME	
STREET ADDRESS	1230 NW 18TH AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL 33445	2.4 CITY-ST-ZIP	
TITLE	DT	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOCHMAN, RONALD S	3.2 NAME	
STREET ADDRESS	5336 SEA BISCUIT RD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		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		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: Glenn H. Easton  
GLENN H. EASTON  
5/1/97 561-533-8158

CR2E034 (9/96)