

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

FILED
Apr 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000079260 (2)

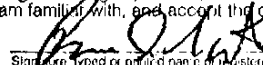
1. Corporation Name
KYLER AND GRAHAM, CORP.



Principal Place of Business 25 SE SEMINOLE APT 301 STUART FL 34994 US		Mailing Address 25 SE SEMINOLE APT 301 STUART FL 34994-2132 US		3. Date Incorporated or Qualified 10/12/1995	3a. Date of Last Report 05/24/1996
2. Principal Place of Business	2a. Mailing Address	4. FEI Number 65-0621158	Applied For Not Applicable		
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	5. Certificate of Status Desired ☒	\$8.75 Additional Fee Required		
22 City & State	27 City & State	6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees		
23 Zip	28 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No			
24 Zip	25 Country	29 Zip	30 Country		

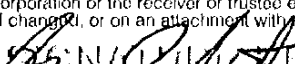
9. Name and Address of Current Registered Agent NORTON, BRIAN J 25 SE SEMINOLE ST-301 STUART FL 34994		10. Name and Address of New Registered Agent	
		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	85 Zip Code
		FL	

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  DATE _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	D.T. CEO
NAME	NORTON, BRIAN J	1.2 NAME	
STREET ADDRESS	25 SE SEMINOLS ST-301	1.3 STREET ADDRESS	
CITY-ST-ZIP	STUART FL	1.4 CITY-ST-ZIP	
TITLE	DT	2.1 TITLE	
NAME	CUYLER, ROBERT	2.2 NAME	
STREET ADDRESS	25 SE SEMINOLE ST-301	2.3 STREET ADDRESS	
CITY-ST-ZIP	STUART FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	
NAME	EVELETH, DANIEL	3.2 NAME	
STREET ADDRESS	25 SE SEMINOLE ST-301	3.3 STREET ADDRESS	
CITY-ST-ZIP	STUART FL	3.4 CITY-ST-ZIP	
TITLE	P	4.1 TITLE	P
NAME	NORTON, JANET P	4.2 NAME	NORTON, JANET P
STREET ADDRESS	25 SE SEMINOLE ST-301	4.3 STREET ADDRESS	1055 River Rd - 708
CITY-ST-ZIP	STUART FL	4.4 CITY-ST-ZIP	Edgewater NJ 07020 - 1361
TITLE	V	5.1 TITLE	V
NAME	POWEL, LINDA	5.2 NAME	Powell, Linda
STREET ADDRESS	25 SE SEMINOLE ST-301	5.3 STREET ADDRESS	9742 E Gelding Drive
CITY-ST-ZIP	STUART FL	5.4 CITY-ST-ZIP	Scottsdale Arizona 85260
TITLE	S	6.1 TITLE	
NAME	MCGAHAN, KATHLEEN A	6.2 NAME	
STREET ADDRESS	25 SE SEMINOLE ST-301	6.3 STREET ADDRESS	
CITY-ST-ZIP	STUART FL	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  DATE 3-13-97

CR2E034 (9/96)