


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

FILED

Apr 03 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 # P95000091252 (3)

1. Corporation Name  
FOUR K'S, INC.



Principal Place of Business 1442 ROLLING RIDGE RD. PALM HARBOR FL 34683	Mailing Address 1442 ROLLING RIDGE RD. PALM HARBOR FL 34683-2825
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 11/28/1995	3a. Date of Last Report 05/01/1996	4. FEI Number APPLIED FOR 65-0783521	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required		
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees		
		6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent

UPTON, KEVIN  
1442 ROLLING RIDGE RD.  
PALM HARBOR FL 34683

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D/P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	UPTON, KEVIN M	1.2 NAME	
STREET ADDRESS	1442 ROLLING RIDGE RD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR FL 34683-2825	1.4 CITY-ST-ZIP	
TITLE	D/P	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRIAN E UPTON	2.2 NAME	
STREET ADDRESS	39 MONT DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	JERICHO NY 11753-1149	2.4 CITY-ST-ZIP	
TITLE	D/S	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARTHUR E UPTON	3.2 NAME	
STREET ADDRESS	1339 ROYAL PALM WAY	3.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON, FL 33432-7539	3.4 CITY-ST-ZIP	
TITLE	D/T	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAUREN P. UPTON	4.2 NAME	
STREET ADDRESS	1339 ROYAL PALM WAY	4.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON, FL 33432-7539	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, as an attachment with an address.

SIGNATURE:

*Arthur E. Upton*  
ARTHUR E. UPTON  
SECRETARY/DIRECTOR

2/19/97 561-393-5301  
Date Daytime Phone #

CR2E034 (9/96)