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

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENȚI OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000097157 (8)

KWS SERVICES, INC.

Principal	Place	of	Business								

5710 S. DIXIE HWY, SUITE A WEST PALM BEACH FL 33405

Mailing Address

5710 S. DIXIE HWY. SUITE A WEST PALM BEACH FL 33405-369

FILED May 20 1997 8:00am Secretary of State



WEST PALM BEACH FL 33405		WEST PALM BEACH FL 33405-3699								
						3. Date Incorporated or Qualified 12/19/1995		e of Last 9/1996		
	lace of Business	2a. Mailing Address				4. FEI Number	*		Applied For	
21 Cuito Ant	# 010	Suite, Apt. #, etc.				65-0631990			Not Applicable	
Suite, Apt. #, etc.		27			5. Certificate of Status Desired	\$8.75 Additional Fee Required				
City & State	e	City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
Zip	Country	7ip	Co.	intry		8. This corporation has liability for in	ntangible t	ax under	s. 199.032,	
24	25	29	30	.			Yes 🗆			
	9. Name and Address of Curren	l Registered Agent				10. Name and Address of New Reg	jistered A	gent		
	LEY, V. DONALD			81	Name					
11380 PROSPERITY FARMS RD., SUITE 204				82	Street Addr	ess (P.O. Box Number is Not Acceptabl	e)			
PAL	M BEACH GARDENS FL 33410			83						
				84	City			los 7	p Code	
				04	City		FL	85 Zu	p Code	
office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State im familiar with, and accept the obliga	of Florida. Such change was	authorize	d by	the cornorat	oration submits this statement for the prior's board of directors. I hereby accep	urpose of t the appo	changing intment a	its registered as registered	
SIGNATURE	Signature, typed or printed name of registered age			σ Αρς	ent signature requir	cd when reinstating)	DATE			
12.	OFFICERS AND		13.		1	ADDITIONS/CHANGES TO OFFICE				
TITLE	SALATA, KATHLEEN M	☐ DELFTE	1.1 1					Change	e L Addition	
NAME	5710 S. DIXIE HWY, SUITE A		1.2 h		1200000					
STREET ADDRESS	WEST PALM BEACH FL 33405				ADDRESS					
CITY-ST-ZIP TITLE	TIEST TALK BEASTITE SOUR	DELETE	2.11	ITY-S	I - ZIP			Change	e Addition	
NAME			2.2 N						713071011	
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP					ST · ZIP					
TITLE		☐ DELETE	3.11					Change	e 🔲 Addition	
NAME			3.2 N	IAMÉ						
STREET ADDRESS			3.\$ S	1REE1	ADDRESS					
CITY-ST-ZIP			3.4. (OTY-S	ST - Z (P					
TITLE		☐ DELETE	4.1 1					Change	e Addition	
NAME	•			NAME				. :***		
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP		T DELETT		IIY-S	T-ZIP			Chart	. Daane	
TITLE	1	☐ DELETE	5 1					Change	e L Addition	
NAME .	1		5.2 N		ADDDCCC					
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP TITLE		DELETE	5.4 U	ITY-S	01 - 2117			Change	e 🔲 Addition	
	4	L. Other	651				'	change	, Prominin	
NAME STREET ADDRESS	1				ADDRESS					
CITY-ST-ZIP				HY-S	†					
14. I do here	by certify that the information supplies	with this filing does not qual				f in Section 119.07(3)(i), Florida Statulos	. I further	certify the	at the	

I do hereby certify that the information supplied with finishing dous flort distributions received in Section 119.07(3)(f), Florida Statutos. 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 Statutos; and that my name appears in Block 12 or Block 33 if changed, or on an appointment with an address.

1.1.