


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED

Sep 15 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 # P96000000683 (8)

1. Corporation Name

KHAKI, INCORPORATED



Principal Place of Business

Mailing Address

7380 SAND LAKE ROAD
SUITE 500
ORLANDO FL 32819

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SUITE 500
ORLANDO FL 32819

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 8309 Foxworth Circle		26 PO Box 2411		01/01/1996		01/01/1996	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number		Applied For	
23 Orlando, FL		28 Windermere, FL		62-1622985		Not Applicable	
24 32819		25 Orange		29 34786		30 Orange	
5. Certificate of Status Desired		<input type="checkbox"/>		8.75 Additional Fee Required			
6. Election Campaign Financing		<input type="checkbox"/>		5.00 May Be Added to Fees			
7. This corporation owes or has paid the current year intangible		<input type="checkbox"/>		Personal Property Tax due June 30		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

HOLMAN, THOMAS B
7220 WESTPOINT BLVD
SUITE 1411
ORLANDO FL 32835

10. Name and Address of New Registered Agent

B1 Name Thomas B. Holman
B2 Street Address (P.O. Box Number is Not Acceptable) 8309 Foxworth Circle
B3
B4 City Orlando FL B5 Zip Code 32819

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



(NOTE: Registered Agent signature required when reinstating)

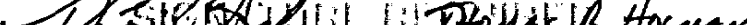
DATE

9.9.97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	President	1.1 TITLE	
NAME	Thomas B Holman	1.2 NAME	
STREET ADDRESS	8309 Foxworth Circle	1.3 STREET ADDRESS	
CITY-ST-ZIP	Orlando, FL 32819	1.4 CITY-ST-ZIP	
TITLE	Vice-President	2.1 TITLE	
NAME	H Patrick Holman	2.2 NAME	
STREET ADDRESS	7128 N Comanche	2.3 STREET ADDRESS	
CITY-ST-ZIP	Oklahoma City, OK 73132	2.4 CITY-ST-ZIP	
TITLE	Secretary/Treasurer	3.1 TITLE	
NAME	Pamela M. Holman	3.2 NAME	
STREET ADDRESS	8309 Foxworth Circle	3.3 STREET ADDRESS	
CITY-ST-ZIP	Orlando, FL 32819	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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, unchanged, or on an attachment with an address.

SIGNATURE



9.9.97 407.354.2420

CR2E034 (4/97)