

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

FILED
Feb 02 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000004891 (3)**

1. Corporation Name
KMC FINANCIAL NETWORK, INC.

Principal Place of Business
**11181 HEALTH PARK BLVD. STE 2225
NAPLES FL 33942**

Mailing Address
**11181 HEALTH PARK BLVD. STE 2225
NAPLES FL 33942**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 01/12/1996	
4. FEI Number 65-0630305	Applied For <input type="checkbox"/> 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	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 870 - 111TH AVENUE NORTH Suite, Apt. #, etc. 22 #1 City & State 23 NAPLES, FLORIDA Zip 24 34108	2a. Mailing Address 26 870 - 111TH AVENUE NORTH Suite, Apt. #, etc. 27 #1 City & State 28 NAPLES, FLORIDA Zip 29 34108 Country 25 USA 30 USA
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9. Name and Address of Current Registered Agent MCLAUGHLIN, HUGH 11181 HEALTH PARK BLVD. STE 2225 NAPLES FL 33942		10. Name and Address of New Registered Agent 81 Name MCLAUGHLIN, HUGH 82 Street Address (P.O. Box Number is Not Acceptable) 870 - 111TH AVENUE NORTH 83 #1 84 City NAPLES FL 85 Zip Code 34108	
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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, print or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE **JANUARY 26, 1998**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	<input type="checkbox"/> DELETE	1.1 TITLE P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MCLAUGHLIN, HUGH		1.2 NAME MCLAUGHLIN, HUGH	
STREET ADDRESS 1085 LAGUNA WAY		1.3 STREET ADDRESS 1085 LAGUNA WAY	
CITY-ST-ZIP NAPLES FL		1.4 CITY-ST-ZIP NAPLES, FLORIDA 34109	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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 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 **JANUARY 26, 1998** 944-591-8701

CR2E034 (10/97)