


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

FILED

May 29 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # 1. Corporation Name PA 6000012349 K.H. Investment Group Inc	

Principal Place of Business Marcels Executive Center 1998 University Dr Suite 101J Plantation FL 33322	Mailing Address 1998 University Dr Suite, Apt. #, etc. 101J Plantation FL 33322
2. Principal Place of Business 21 1998 University Dr Suite, Apt. #, etc. 101J City & State Plantation Zip 33322 Country Fla.	2a. Mailing Address 26 Suite, Apt. #, etc. SAME City & State 28 Zip Country

3. Date incorporated or Qualified	3a. Date of Last Report
4. FEI Number 65,0696206	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing <input checked="" type="checkbox"/>	\$5.00 May Be Added to Fees
8. 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	
81 Name Laura F Morgan, Esq.	82 Street Address (P.O. Box Number is Not Acceptable) 2 S. University Dr
83 Ste 319	84 City Plantation
85 Zip Code 33324	FL

10. Name and Address of New Registered Agent	
81 Name Laura F Morgan, Esq.	82 Street Address (P.O. Box Number is Not Acceptable) 2 S. University Dr
83 Ste 319	84 City Plantation
85 Zip Code 33324	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 Laura F Morgan	LAURA F. MORGAN 5/27/97

12. OFFICERS AND DIRECTORS	
TITLE Pres.	DELETE <input type="checkbox"/>
NAME RONALD COMRIE	
STREET ADDRESS 424 SW 9th FL FLA.	
CITY-ST-ZIP 33315	
TITLE	DELETE <input type="checkbox"/>
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	DELETE <input type="checkbox"/>
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	DELETE <input type="checkbox"/>
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	DELETE <input type="checkbox"/>
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
62 NAME	
63 STREET ADDRESS	
64 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 RONALD COMRIE	May 27 97 954236-8880

CR2E034 (9/96)