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.)

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED Sep 19 1997 8:00am Secretary of State

DOCUMENT # P96000013630 (4) K & T TRIM, INC. Mailing Address Principal Place of Business 4967 MARBELLA ROAD NORTH 4967 MARBELLA ROAD NORTH WEST PALM BEACH FL 33417 WEST PALM BEACH FL 33417 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 3a. Date of Last Report 02/09/1996 Applied For 2. Principal Place of Business 2a. Mailing Address 21 26 Not Applicable Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired П Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. Yes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent **B1** Name DAMSEL, CHARLES H JR. 601 NO. DIXIE HIGHWAY STE B Street Address (P.O. Box Number is Not Acceptable) WEST PALM BEACH FL 33401 83 84 City 85 Zip Code 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 little if applicable (NOT) Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (4/9/ DELETE Change Acdition TITLE 1.1 TITLE MONZ, ROBERT G 1.2 NAME NAME 4967 MARBELLA ROAD NORTH STREET ADDRESS 1.3 STREET ADDRESS **WEST PALM BEACH FL 33417** CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change TITLE 2.1 TITLE Addition MONZ, NANCY C NAME 2.2 NAME 4967 MARBELLA ROAD NORTH STREET ADDRESS 2.3 STREET ADDRESS WEST PALM BEACH FL 33417 CITY-ST-ZIP 2.4 C(TY-ST-Z)P DELETE Change ☐ Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADORESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE TITLE 4.1 TITLE Change ☐ Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 City-St-ZiP DELETE Change Addition TITLE 6.1 TITLE 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 64 CITY-S1-ZIP CITY-ST-ZIP

14. To hereby certify that the information supplied with this filling 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 of director of the corporation or the receiver or truster empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapted or or an altaniment with a page of the corporation of the corporation or or an altaniment with a page of the corporation of

Sife changed or on an altandiment with in antress.

1,000 (C) SC(1,0)(1)