

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.)


APPROVED  
AND  
FILED

1997 OCT -3 PM 1:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

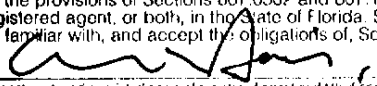
<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1997</b>			<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
<b>DOCUMENT # P96000019838 (7)</b>			
1. Corporation Name <b>KEW, INC.</b>			

Principal Place of Business <b>1415 HENDRY STREET FORT MYERS FL 33901</b>	Mailing Address <b>1415 HENDRY STREET FORT MYERS FL 33901</b>
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2. Principal Place of Business 21 <b>4240 STEAMBOAT RENA</b> Suite, Apt. #, etc. 22 <b># 202</b> City & State 23 <b>FORT MYERS, FL.</b> Zip 24 <b>33919</b>		2a. Mailing Address 26 <b>4240 STEAMBOAT RENA</b> Suite, Apt. #, etc. 27 <b># 202</b> City & State 28 <b>FORT MYERS, FL.</b> Zip 29 <b>33919</b> Country 30 <b>U.S.A.</b>		3. Date Incorporated or Qualified <b>03/04/1996</b>	3a. Date of Last Report
		4. FEI Number <b>65-0647484</b>		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
		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			

9. Name and Address of Current Registered Agent <b>DAVIES, CHRISTOPHER N 1415 HENDRY STREET FORT MYERS FL 33901</b>				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	<b>12601 World Plaza Lane, Suite 2</b>
				83	
				84 City	<b>Fort Myers</b>
				FL	<b>33907</b>

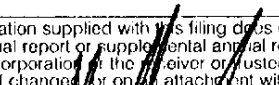
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE  **CHRISTOPHER N. DAVIES, Esquire** 9-11-97

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>A</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JACK, CHRISTOPHER K. B</b>	1.2 NAME	<b>JACK, CHRISTOPHER K.B.</b>
STREET ADDRESS	<b>2180 WEST FIRST STREET</b>	1.3 STREET ADDRESS	<b>P.O. BOX 788 N/A</b>
CITY-ST-ZIP	<b>FORT MYERS FL 33901</b>	1.4 CITY-ST-ZIP	<b>FORT MYERS, FL. 33919</b>
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	
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 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; that the receiver or justice 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 for on an attachment with an address.

SIGNATURE  9-13-97 1a. 1222 877

CR2E034 (4/97)