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PROFIT CORPORATION \*\* ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

MENT # P9600043927 (8)

## FILED Apr 09 1997 8:00am Secretary of State

•	KER SQUARE, INC.  De of Husiness  AKE ROAD. SUITE #3 32819	Mailing Address 7353 SAND LAKE ROAD. ORLANDO FL 32819-5283						
					3. Date Incorporated or Qualified 05/15/1996	3a. Dat	te of Last F	Report
. Principal F	Place of Business	2a. Mailing Address		· · · · · · · · · · · · · · · · · · ·	4. FEI Number		A	oplied For
		26		<u></u>	59-33792	<u> 36</u>		ot Applicable
Suite, Apt	ਜ, €tC	Suite, Apt. #, etc.			5. Certificate of Status Desired	4	,	Additional equired
City & Stat	le	City & State			6. Election Campaign Financing			May Be
	·	28			Trust Fund Contribution			to Fees
Zιp	Country	Zφ	Count	try	8. This corporation has liability for	intangible i		s. <b>1</b> 99.032,
	25 9. Name and Address of Curr	29   rent Registered Agent	[30]		Florida Statutes  10. Name and Address of New R			
PORTLOCK, DAVID R				1 Name	10.			
	i3 sand lake road, suite #	13	E	2 Street Add	Iress (P.O. Box Number is Not Accepta	able)		
ORI	LANDO FL 32819							
			Į E	13				
	•		ε	4 City		FL	<b>85</b> Zip	Code
	am familiar with, and accept the obl				poration submits this statement for the ation's board of directors. I hereby according to the state of the st		J	
GNATURE	Signature, Injurit is printed in the art registrated of FFICERS A			Agent signature requ	ation's board of directors. I hereby acciumed when reinstating)  ADDITIONS/CHANGES TO OFF	DATÉ		RS IN 12
GNATURE B. LE MF	PSTD PORTLOCK, DAVID R 7353 SAND LAKE ROAD, SL	asjons and tale 4 approachle. (NC AND DIRECTORS	13. 1.1 TITL	Agent signature requi	ured when reinstating)	DATÉ	DIRECTO	RS IN 12
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14. I do 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 suppliemental 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:

TOWATURE AND TYPED OR PRINTED NAME OF STONING OFFICER OR DIRECTOR PORTUGELA

Dave Dayle

Daylime Phone # 0092622