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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9600063927 (3)

KSM ENTERPRISES INCORPORATED

Principal Place of Business

Mailing Address

6911 CEDAR RIDGE CIR MILTON FL 32570 6911 CEDAR RIDGE CIR MILTON FL 32570-3664

FILED May 07 1997 8:00am Secretary of State



						07/31/1996	Firs	T D	epon T
2. Principal Place of Bu	isiness _	2a. Mailir	ng Address			4. FEI Number	1 4 . 4 4		oplied For
21 6911 Ced	ar Ridge cir	26						<i></i>	ot Applicable
Sulte, Apt. #, etc.			, Apt. #, etc.			5. Certificate of Status Desired	П	\$8.75	
22 Milton	<u> </u>	27						Fee Re	
City & State 23 8 # 5 7 9	ı	28 City 8	& State			Election Campaign Financing Trust Fund Contribution		\$5.00 Added 1	
Zip	Country	Zψ		Country		8. This corporation has liability for i			
24	25 USA	29		30		· · · · · · · · · · · · · · · · · · ·] Yes [
9, Nan	ne and Address of Curre	n Registered	Agent		T	10. Name and Address of New Re	alstered A	gent	
newkirk, k				81	Name	•			
3316 JOANNA DR PACE FL 32571					82 Street Address (P.O. Box Number is Not Acceptable)				
				83					
				84	City		——————————————————————————————————————	85 Zip (Code
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office or registered	agent, or both, in the State	of Florida, Su	ch change was	authorized by	/ the corpora	poration submits this statement for the pation's board of directors. I hereby accep	of the appo	ointment as	registered
agent. I am familiar	with, and accept the oblig	ations of, Sect	ion 607.0505, FI	lorida Statute:	S.				
SIGNATURE	ped or printed name of registered ag	Constant de la constant	ini la T	L. Donisland to		rred willen reinstating)	DATE		
12.		D DIRECTORS		13.	sni signacz e redu	ADDITIONS/CHANGES TO OFFICE		DIRECTOR	RS IN 12
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NAME VICE	President			2 2 NAME					
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. د . د م ا				3.3 STREET					
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NAME				6.2 NAME					
STREET ADDRESS				63 STREET	ADDRESS				
CITY-ST-ZIP				6.4 CHY-S	51 - ZIP				
	that the information supplic	ed with this filin	o does not qual			d in Section 119.07(3)(i), Florida Stalute	s. I further	certify that	the

4. 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 & AND P Y/OUR is K

125/97/901/091-9395