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.)

14. I do hereby certify that the information supplied with this filing information indicated on this annual report or supplemental at I am an officer or director of the corporation or the received appears in Block 12 or Block 13 if changed, or on an attachm.

AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.) **PROFIT** FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham ANNUAL REPORT Secretary of State FILED 1997 DIVISION OF CORPORATIONS 97 AUG 25 AM 10: 39 DOCUMENT # P96000077785 (9) SEARETANY OF STATE FALLAHASSEE, FLORIDA K. HOLMES INC. Principal Place of Business Mailing Address 11461 N.W. 31 PLACE 11461 N.W. 31 PLACE SUNRISE FL 33323 SUNRISE FL 33323 DO NOT WRITE IN THIS SPACE 3a. Date of Last Report 3. Date Incorporated or Qualified 09/18/1996 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 26 Not Applicable Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired П 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Country Zip8. This corporation owes or has paid the current year Intangible 24 29 30 Personal Property Tax due June 30. Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent HOLMES. KEITH 81 Name 11461 N.W. 31 PLACE Streel Address (P.O. Box Number 1914) 1 4 5 4 - 118/27/97 1111160 0 82 SUNRISE FL 33323 В3 \*\*\*\*185.00 \*\*\*\*165.80 84 City 85 Zip Code 11. Pursuant to the provisions of Soction of torida Statutes, the above-named corporation submits this statement for the purpose of changing its registered in change was authorized by the corporation's board of directors. I hereby accept the appointment as registered tion 607.0505, Florida Statutes. office or registered agent, or both agent. I am familiar with, and ag SIGNATURE (NOTI : Registered Agent signature required when reinstating) agent and titked applicable OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE DELETE 1.1 TO LE Change \_\_\_ Addition HOLMES, KEITH NAME 1.2 NAME 11461 N.W. 31 PLACE STREET ADDRESS 1.3 STREET ADDRESS SUNRISE FL 33323 CITY-ST-ZIP 1.4 CłTY-ST-ZIP VD TITLE DELETE 2.1 TITLE note: D'a not Addition HOLMES, KALE KYLE NAME 2.2 NAME seccioe 1st Notice: Chak Enclosed toe \$1650 11461 N.W. 31 PLACE STREET ADDRESS 2.3 STREET ADDRESS SUNRISE FL 33323 CITY\_ST-ZIP 2.4 CITY-ST-7IP DELETE TITLE 3.1 TITLE Addition NAME 3.2 NAME SWEET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST-ZIP TITLE DELETE 4.1 TITLE Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP TITLE ■ DELETE 5.1 TITLE Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE TITLE 6.1 TITLE Addition NAME 6.2 NAME 6.3 SM ET ADDRESS STREET ADDRESS CITY-ST-ZIP CVIY-ST

the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the aid accorate and that my signature shall have the same legal effect as if made under oath; that d to execute this report as required by Chapter 607, Florida Statutes; and that my name

(2/0-0)