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PROFIT CORPORATION ANNUAL REPORT

1997



appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING C

SIGNATURE:

FLORIDA DEPARTMENT OF STATE

FILED

May 15 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000082636 (7)

KC RETAIL OF FLORIDA, INC.

Principal Place of Business Mailing Address 2485 EAST SUNRISE BLVD. 2485 EAST SUNRISE BLVD. SUITE 203 SUITE 203 FT. LAUDERDALE FL 33304-3100 FT. LAUDERDALE FL 33304 3a. Date of Last Report 3. Date Incorporated or Qualified 10/07/1996 2. Principal Place of Business 1674 Alton Roap 28. Mailing Address 26] 1674 Alton Road FEI Number Applied For 4663 65 - OI 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired 500 Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing MIAMI BEACH Beach П 28 **Trust Fund Contribution** Added to Fees 23 This corporation has liability for intangible tax under s. 199.032, Yes No 24 29 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD Street Address (P.O. Box Number is Not Acceptable) N 82 **PLANTATION FL 33324** 83 84 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 Signative its jord or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. ☐ DELETE Change Addition THLE 1.1 TITLE PATRICE ABRAHAM NAME 1.2 NAME 1674 ALTON ROAD STREET ADDRESS 1.3 STREET ADDRESS MIAMI & WALY PL 28189 1.4 CITY-ST-ZIP CITY - ST - ZIF Change ▲ Addition DELETE 2.1 TITLE TOLE Albert Wiers HIT MIDDLE RIVER DRIVE NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS 3330H fort Lauder Oake, FL 2.4 CITY-ST-ZIP CITY-ST-ZIP DELETE __ Addition 3.1 TITLE TITLE 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-7P DELETE Change Addition 4.1 TITLE TITLE 4.2 NAME NAME STREET ADORESS 4.3 STREET ADDRESS 44 CITY-ST-ZIP CI1Y - S1 - 2IP __ DELETE Change Addition 51 TITLE TITLE 5.2 NAME NAME **5.3 STREET ADDRESS** STREET ADDRESS CHY-ST-ZIP 5.4 City-ST-ZIP DELETE Change ■ Addition 6.1 TITLE TITLE NAME **6.2 NAME 6.3 STREET ADDRESS** STREET ADDRESS 6.4 CITY - ST - ZIP Diff St. 2P

14. Too 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