

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

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**Mar 25 1997 8:00am  
Secretary of State**

**PROFIT CORPORATION  
ANNUAL REPORT  
1997**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P96000086346 (9)**

1. Corporation Name:  
**K.E.H. INC.**



Principal Place of Business:  
**3801 NORTHWEST 208 STREET  
CAROL CITY FL 33055**

Mailing Address:  
**3801 NORTHWEST 208 STREET  
CAROL CITY FL 33055-1144**

3. Date Incorporated or Qualified <b>10/18/1996</b>	3a. Date of Last Report <b>1st</b>
4. FEI Number <b>65-0702952</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

21. Principal Place of Business: State, Apt. #, etc.	22. City & State	23. Zip	24. Country	25.	26. Mailing Address: State, Apt. #, etc.	27. City & State	28. Zip	29. Country	30.
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**AMERILAWYER CHARTERED  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134**

81. Name <b>Kirkland E. Holts</b>	82. Street Address (P.O. Box Number is Not Acceptable) <b>3801 N.W. 208 St.</b>	83.	84. City <b>Carol City</b>	85. Zip Code <b>FL 33055</b>
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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: *Kirkland E. Holts* DATE: **2/26/97**  
(NOTE: Registered Agent signature required when reissuing)

12. OFFICERS AND DIRECTORS

TITLE	PTD <input type="checkbox"/> DELETE
NAME	<b>HOLTS, KIRKLAND E</b>
STREET ADDRESS	<b>3801 NORTHWEST 208 STREET</b>
CITY-STATE-ZIP	<b>CAROL CITY FL 33055</b>
TITLE	V <input type="checkbox"/> DELETE
NAME	<b>HOLTS, MARY P</b>
STREET ADDRESS	<b>3801 NORTHWEST 208 STREET</b>
CITY-STATE-ZIP	<b>CAROL CITY FL 33055</b>
TITLE	S <input type="checkbox"/> DELETE
NAME	<b>HOLTS, MILLCENT E</b>
STREET ADDRESS	<b>3801 NORTHWEST 208 STREET</b>
CITY-STATE-ZIP	<b>CAROL CITY FL 33055</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-STATE-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-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 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: *Kirkland E. Holts* - **KIRKLAND E. HOLTS - PRES - 3/20/97** DATE: **3/20/97**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)