

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

FILED
Feb 03 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 # P96000087453 (2)

1. Corporation Name
K.C. TELECOMMUNICATIONS, INC.



Principal Place of Business Mailing Address
1045 RIVERSIDE AVE SUITE 300 JACKSONVILLE FL 32204
1045 RIVERSIDE AVE SUITE 300 JACKSONVILLE FL 32204-4150

3. Date Incorporated or Qualified **10/23/1996** 3a. Date of Last Report
 4. FEI Number **59-2414545** Applied For Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**
 6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
 21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
 22 City & State 27 City & State
 23 Zip Country 28 Zip Country
 24 25 29 30

g. Name and Address of Current Registered Agent
KELLY, PATRICIA Y
1045 RIVERSIDE AVE
SUITE 300
JACKSONVILLE FL 32204

10. Name and Address of New Registered Agent
 b1 Name
 b2 Street Address (P.O. Box Number is Not Acceptable)
 b3
 b4 City **FL** b5 Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	<i>D. Secty Treasurer</i>	<input type="checkbox"/> DELETE
NAME	KELLY, RICHARD T	
STREET ADDRESS	1045 RIVERSIDE AVE SUITE 300 JACKSONVILLE FL 32204	
CITY - ST - ZIP	JACKSONVILLE FL 32204	
TITLE	<i>D. Vice President</i>	<input type="checkbox"/> DELETE
NAME	COX, ANDREA J	
STREET ADDRESS	1825 SILVERADO TRAIL NAPA, CA 94559	
CITY - ST - ZIP	NAPA, CA 94559	
TITLE	<i>D. President</i>	<input type="checkbox"/> DELETE
NAME	KELLY, PATRICIA Y	
STREET ADDRESS	1045 RIVERSIDE AVE SUITE 300 JACKSONVILLE FL 32204	
CITY - ST - ZIP	JACKSONVILLE FL 32204	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<i>Vice Pres</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	MARK J. SCHOU	
1.3 STREET ADDRESS	4496 SOUTH SIDE BLVD #800 JACKSONVILLE, FL 32216	
1.4 CITY - ST - ZIP	JACKSONVILLE, FL 32216	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - 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 and changed, or on an attachment with an address.

SIGNATURE: *Patricia Y. Kelly* DATE: *1/28/97*

CR2E034 (9/96)