

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.)

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PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000092872 (6)
1. Corporation Name
KNOP SERVICES, INC.

FILED
97 OCT -3 AM 10:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
680 WEST INDUSTRIAL AVENUE, UNIT 0
BOYNTON BEACH FL 33426 Unit 4

Mailing Address
POST OFFICE BOX 4254
BOYNTON BEACH FL 33424-4254

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 Suite, Apt. #, etc.		26 Post Office Box 3573		11/13/1996		11/13/1996	
22 City & State		27 Suite, Apt. #, etc.		4. FEL Number		Applied For	
23 Zip		28 BOYNTON BEACH FL		65-0709807		Not Applicable	
24 Country		29 33424-3573		5. Certificate of Status Desired		8.75 Additional Fee Required	
25		30 Palm Beach		6. Election Campaign Financing		\$5.00 May Be Added to Fees	
				Trust Fund Contribution		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
						Yes No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
YOHE, MARK D 680 WEST INDUSTRIAL AVENUE, UNIT 0 UNIT 4 BOYNTON BEACH FL 33426				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				FL 85 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				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE <input type="checkbox"/> DELETE				1.1 TITLE P, T, D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME KNOP, ANDREW F.				1.2 NAME KNOP, ANDREW F.			
STREET ADDRESS 680 WEST INDUSTRIAL AVENUE, UNIT 0				1.3 STREET ADDRESS 4873 POSEIDON PLACE			
CITY-ST-ZIP BOYNTON BEACH FL 33426				1.4 CITY-ST-ZIP LAKE WORTH FL 33463			
TITLE <input type="checkbox"/> DELETE				2.1 TITLE VP, D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
NAME				2.2 NAME KNOP, ALAN F.			
STREET ADDRESS				2.3 STREET ADDRESS 3948 KENSKILL CIR			
CITY-ST-ZIP				2.4 CITY-ST-ZIP LANTANA FL 33462			
TITLE <input type="checkbox"/> DELETE				3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY-ST-ZIP				3.4 CITY-ST-ZIP			
TITLE <input type="checkbox"/> DELETE				4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE <input type="checkbox"/> DELETE				5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE <input type="checkbox"/> DELETE				6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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 if changed, or on an attachment with an address.

CR2E034 (4/97)

9/8/97 (E) 738-2695

20/2

Knop Services, Inc.
Post Office Box 3573
Boynton Beach FL 33424-3573

Division of Corporations
Attn: Annual Report
Post Office Box 6327
Tallahassee FL 32314

Attn: Annual Report,

September 8, 1997

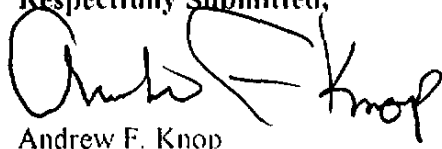
Enclosed please find the following:

- 1) Signed 1997 Corporation Annual Report.
- 2) Check in the amount of \$165-.

From date of our original Incorporation (November 13, 1996) until when we received this **2ND NOTICE** in August we had received no correspondence from the State of Florida. When I called the Division of Corporations to find out why I had not received a first notice concerning this annual report and a chance to pay the fee without penalties, I spoke with a lady named "Christy". Christy stated that I was to put this information in writing and mail it to you at this address (instead of using the pre-printed envelope) along with the completed report and a check for the original amount of \$165-.

Thank-you for your time and cooperation in assisting me to get this matter cleared up.

Respectfully Submitted,



Andrew F. Knop