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.)

2a. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

26

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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000101075 (5)

1. Corporation Name
KSP SERVICES, INC.

2. Principal Place of Business

FINKBEINER, FRANK G

Suite, Apt. #, etc.

City & State

21

22

23

Zip

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24

Principal Place of Business	Mailing Address
P.O. BOX 2388	P.O. BOX 2388
WINDERMERE FL 34786	WINDERMERE FL 34780

Country

9. Name and Address of Current Registered Agent

FILED Sep 18 1997 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 3a. Date of Last Report 12/11/1996 4. FEI Number Applied For 59-3415576 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Election Campaign Financing \$5.00 May Be Ш Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes Yes 10. Name and Address of New Registered Agent

105 E. ROBINSON ST., STE. 301
ORLANDO FL 32801

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-pamed corporation submits this statement for the purpose of changing its registered.

Country

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 roinstating) Signature, typod or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. Change DELETE 1.1 TITLE Addition TITLE PENNY, STEVEN E PENNY, STEVEN E NAME 1.2 NAME P.O. BOX 2388 N/A 14112 SUMMERSET COURT STREET ADDRESS 1.3 STREET ADDRESS **WINDERMERE FL 34786** 34711 CLERMONT, FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE PENNY, MAUREEN A. 14112 SUMMERSET COURT 24711 22 NAME STREET ADDRESS 2 3 STREET ADDRESS CITY-ST-ZIP 2.4 City-St-ZiP X Addition DELETE Change TITLE 3.1 TITLE 3.2 NAME STAINES, BRIAN 10930 CRESCENT 3.3 STREET ADDRESS STREET ADDRESS LANE CLERMONT, FL 34711 3.4. CITY-ST-ZIP CITY-ST-ZIP Change X Addition DELETE 4.1 TITLE KURTZ, KAREN M. 10930 CRESCENT NAME 4. 2 NAME LANE 4.3 STREET ADDRESS STREET ADDRESS CLERMONT, FL 34711 CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5 4 CITY-ST-ZIP DELETE Change Addition 61 TITLE TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 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.

CICMATURE

Mallina H

9/16/97

407/895-2295