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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## 1997 POCUMENT # P96000101772 (7)

K N K, I	NC.	`. <b>`</b> .				
Principal Plac	e of Business	Mailing Address				
6102 WEBB ROAD 6102 WEBB ROAD						
APT. 905 APT. 905						
TAMPA FL 3361	15	TAMPA FL 33615-2841				3. Date Incorporated or Qualified
						12/16/1996 ~
2. Principal P	Place of Business	2a. Mailing Address				4. FEI Number Applied For
21		26	26			59-3422972 Not Applicat
Suite. Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired   \$8.75 Additional
22		27			Fee Required	
City & Stat	re e	City & State				Election Campaign Financing \$5.00 May Be
23		28	,			Trust Fund Contribution
Zip	Country	Zip	<del></del>	intry		8. This corporation has liability for intangible tax under s. 199.032,
24	25 g. Name and Address of Curr	29 ant Registered Agent	30			Florida Statutes Yes No 10. Name and Address of New Registered Agent
	<del></del>	ANT HORISTON WASHI		81	Name	IA' wante and wasteed at teat traditional water
KEMP, ADAM						
6102 WEBB ROAD				82 Street Address (P.O. Box Number is Not Acceptable)		
APT.	* *			83	···········	
IAM	PA FL 33615					
				84	City	FL 85 Zip Code
11 Pursuant	to the provisions of Sections 607.0	502 and 607 1508. Florida Statul	les the a	DOVA	-named co	
office or	registered agent, or both, in the Sta	te of Florida. Such change was	authorize	d by	the corpo	orporation submits this statement for the purpose of changing its registere tration's board of directors. I hereby accept the appointment as registered
	ani ramidar with, and accept the ob-	igations of, Section 607.0505, Pr	Oricia Stat	Utes		412112
SIGNATURE	Signature, typed or printed name of Mistered a	oent and title if annicable (NO)	E Repistere	Aper	nt signature red	equired when reinstating) DATE
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
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NAME	adon teno		1.2 N	AME		
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NAME			62 N			
STREET ADDRESS					ADDRESS	
CITY-ST-ZIP			6.4 CI	TY-\$1	r-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 cath; 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:

CONSTURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

4/26/97

**FILED** 

May 07 1997 8:00am

Secretary of State

(813)529-1171