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.)

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000102478 (0)

APPROVED AND

97 AUG -8 AM 7: 41

SECRETARY OF STATE FALLAHASSEE, FLORIDA

7.0	K H ENIERP	RISE INC.								
										118) (18) 188)
Duly almost	(Diseased Gueilea		A A - III - A - I - I - A - I							
	Place of Busines		Mailing Address						•	
7100 WEST CAMINO REAL 7100 WEST CAMINO RI Suite 123 Suite 123										
BOCA RATON FL 33433			BOCA RATON FL 33433			DO NOT WRITE IN THIS SPACE				
							3. Date incorporated or Qualified 12/18/1996	3a . Da	te of Last F	Report
2. Princ	ipal Place of Busi	2a. Mailing Address	Mailing Address			4. FEL Number		TA	pplied For	
21			26			65-071-62	06	N	ot Applicable	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75	Additional
22 (20)			27						Fee R	equired
City & State			City & State			6. Election Campaign Financing			May Be	
Zip		Country	Zip	Соц	intry		Trust Fund Contribution			to Fees
24		25	29	30	ii ii y		 This corporation owes or has pain Personal Property Tax due June 	P		tangibie ⊒ No
24]	9. Name		rent Registered Agent	1301	· · ·		10. Name and Address of New Reg			
	BRITT, JOHN	J			81	Name				
7100 WEST CAMINO REAL					62 Street Address (P.O. Box Number is Not Acceptable)					
	SUITE 123			6.			ess (F.O. Box Number is Not Acceptable	10)		
	BOCA RATO	N FL 33433			83					
					84	City			85 Zip	Code
						•		FL	1 '	
11. Pure	suant to the provise or registered a	sions of Sections 607.0	502 and 607.1508, Florida State of Horida, Such change was	utes, the at	bove	-named corp	poration submits this statement for the pricion's board of directors. I hereby accep	urpose of	changing i	ts registered
age	nt. I am familiar w	ith, and accept the ob	ligations of, Section 607.0505,	Florida Stat	ules.		ion o board or an octors. Thereby doop	t the uppe	mano a co	, 109/3/0/03
SIGNAT	URE									
12.					Registered Agent signature require		ADDITIONS/CHANGES TO OFFICE	DATE ERS AND	DIRECTOR	2S IN 12
TITLE	T D	DELETE 1.1			Ti F		ABBITIONS/OFFIANCES TO OFFICE	LITOPATE	☐ Change	Addition
NAME	BRITT.	BRITT, JOHN J		1.2 NAME			9000022	ee:		
STREET ADD	AGLE PERENELLAT				1.3 STREET ADDRESS		9000022	701	106	005
CITY-ST-ZI	BOCA .	RATON FL 33487	1		1.4 CITY-ST-ZIP		*****165	.00	****1	35.00
TITLE	0		☐ DELETE						Change	Addition
NAME		A, HECTOR L		2.2 N/	AME					
STREET ADE		W. 143RD ST.	2.3		2.3 STREET ADDRESS					Į
CITY-ST-Z	_{IP} MIAMI	FL 33168		2.40	ITY-S	T-ZIP				
TITLE			☐ DELETE	3 1 TI	TLE				☐ Change	Addition
NAME				3.2 NAME						
	REET ADDRESS			3.3 STREET ADDRESS		ì				
CITY-ST-ZI	ST-ZIP			3.4. CITY-ST-ZIP		T-ZIP			Change	Additor
TITLE			☐ DELETE	4.1 TC					Change	Addition
NAME	20100			4.2 N		ADDRECC				ļ
STREET ADD						ADDRESS]				ļ
CITY-ST-Z	r			4.4 CI 5.1 TI	TY-ST	- 4117			Change	Addition
NAME			E DESCRI	5.2 NA						, , Quittoli
STREET ADD	DRESS 1					ADDRESS				1
CITY-ST-2	1				TY-ST	1	_			ļ
TITLE			DELETE	6.1 TF			10000		Change	Addition
NAME	4.7			62 NAME			Bucklin			į
STREET ADD	PRESS			6.3 S1	REET A	ADDRESS	•			[
				1		- 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 change I, or on an attachment with an address.