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

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

FILED

May 18 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

P97000088523 (0)

KC	CAPITAL, II	NC.									***************************************	
Principal	Place of Busines	SS	Mailing	Address					16011001 110 1011 1001 1001 6011 601			
1123 OVERCASH DRIVE 1123 OVERCASH DRIVE									1			
OUNEDIN FL 34698 DUNEDIN FL 34698												
									DO NOT WRITE IN THIS SPACE			
									3. Date Incorporated or Qualified			
2. Principal Place of Business 2a. Mailing Ac					late a co				10/14/1997			
	¬			2a. Mailing Address					4. FEI Number 59-3478437		pplied For	
Suite, Apt. #, etc.			· · · · · · · · · · · · · · · · · · ·	Suite, Apt. #, etc.					· · · · · · · · · · · · · · · · · · ·		ot Applicable Additional	
22	<u></u>			27					5. Certificate of Status Desired	·	Aggitional equired	
	City & State			City & State					6. Election Campaign Financing		May Be	
23			28	28					Trust Fund Contribution		to Fees	
Zip		Country	Zip				,		This corporation owes or has paid the current year Intangible			
24		25	29	:					Personal Property Tax due June 30. Yes No			
	9, Name	and Address of Curi	rent Registered	10. Name and Address of New Registered Agent								
CORPORATION COMPANY OF MIAMI B1 Name												
201 S. BISCAYNE BLVD.						82	Stre	et Addres	ess (P.O. Box Number is Not Acceptable)			
1600 MIAMI CENTER						厂	ļ					
	MIAMI FL 331	131				83	Ì					
						84	City			85 Zip	Code	
						<u> </u>	'		FL i			
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 Signature types or protect near of log stared agent and bled applicable. (EQI): Registered Agent signature required when reinstailing) DATE												
12,	digitalities ()) (ND DIRECTOR		13.		or is argina	.ore responses	ADDITIONS/CHANGES TO OFFICERS AND D	IRECTOR	RS IN 12	
TITLE	T 0			DELETE	1.1 T	IILE				Change	Addition	
NAME	SCHMIC	ot, robert e jr			1.2 %	IAME		ľ				
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CITY-ST-ZIF		no information supplied	with this films	tone not qualify			T-ZIP	ated in S	Section 110 07(3\(i)\) Florida Statutos I further portifi	v that the	information	
14. Thereby certify that the information supplied with this filling 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 eath; that I am an officer or director of the corporation or the receivor or trustice 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 a statechment with an address												