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

PROFIT CORPORATION



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED Feb 16 1998 8:00am

	AL REPORT		Secretary of State DIVISION OF CORPORATIONS			DNS	Secretary of State
DOCUN 1. Corporation RVK MA	MENT # P970 KO HOLDINGS, INC.	00089	042 (0)				
Principal Place of Business Mailing Address						J FRANKORT KID COLIN 18814 BONI BONI BONI ABNOT NOTA 1911 BONI QUAN 1191 1151 1561	
108 TEAL NES PONTE VEDRA		108 TEAL NEST COURT PONTE VEDRA BCH FL 32082					DO NOT WRITE IN THIS SPACE
							3. Date Incorporated or Qualified 10/15/1997
2. Principal Pla	ce of Business	2a. M	2a. Mailing Address 26				4. FEI Number Applied For Not Applied For Not Applicable
Suite, Apt #	, etc	27 St	Suite, Apt #, etc.				5. Certificate of Status Desired
City & State	•	28	City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Ζ φ	Country 25	29 29	þ.	30			8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No
	9. Name and Address of Cu	rrent Register	ed Agent				10. Name and Address of New Registered Agent
F & L CORP. 200 LAURA STREET JACKSONVILLE FL 32202					81 82 83	Name Street Ad	ddress (P.O. Box Number is Not Acceptable)
				-	64	City	FL 85 Zip Code
11. Pursuant to office or re-	o the provisions of Sections 607, gistered agent, or both, in the S Mamiliar with and accept the o	0502 and 607. tate of Horida bloations of S	1508, Florida Statut Such change was a ection 607,0505, Flo	es, the ab authorized orida Statu	ove by	named c	orporation submits this statement for the purpose of changing its registered ration's board of directors. I hereby accept the appointment as registered
SIGNATURE						,	
Signature Typed or printed material rings from the period. 12. OFFICERS AND O						iii signature re	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D		DELETE	1.1 10	LE		Change Addition
NAME	KEELER, ROSS V			1.2 NA	1.2 NAME		
STREET ADDRESS	108 TEAL NEST CT	EAL NEST CT 13				ADDRESS	
CITY-SI-ZIP	1				1.4 CITY-ST-ZIP		
TITLE			DLLETE	2.1 TIT	2.1 TITLE ,		☐ Change ☐ Addition
NAME				2 2 NA	ME		
STREET ADDRESS				2.3 STF	REETA	ADDRESS	
CITY-ST-ZIP				2 4 CITY-S		T- ZIP	
THLE			[] DELETE	3 1 TITLE		1	Change Addition
NAME	į		3 2 NA			į	
STREET ADDRESS						ADDRESS	
CITY-\$1-ZIP TITLE	CITY-SI-ZIP		DELETE	3.4. CITY - ST - ZIP 4.1 TITLE		I - ZIP	Change Addition
NAME			L. Deteri	4. 1 III			C Ottango C Addition
STREET ADDRESS						ADDRESS	Ì
CITY-ST-ZIP				4.3 ST		- 1	
TITLE			DELETE 5.3 TITLE			☐ Change ☐ Addition	

6 4 CITY-ST-ZIP CITY-ST-ZIP 14. Thereby 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 suppliemental agricult 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 receipt 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 or an autochment with guiddress

5.2 NAME 5.3 STREET ADDRESS

6 1 TITLE 62 NAME

DEFFIE

5 4 CITY-ST-ZIP

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

NAME

Change

Addition