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

## CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1997 DIVISION OF CORPORATIONS **DOCUMENT # \$22080** (3)

## **FILED** Apr 02 1997 8:00am Secretary of State

1. Corporation K B C. I		(0)			
K B O <sub>i</sub> i	1101				deder danse dader meder dente detail in de
Principal Place of Business		Mailing Address		1 18011014 110 11010 11211 03101 12111 0011 0	11017 01017 01011 01011 01011 \$1617 1801
5711 WEST U.S PO BOX 42040 KISSIMMEE FL		5711 WEST U.S. HIGHWAY PO BOX 420400 KISSIMMEE FL 34742-0400	192		
				<ol> <li>Date incorporated or Qualified</li> <li>12/27/1990</li> </ol>	3a. Date of Last Report 03/05/1996
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number 59-3041935	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Certificate of Status Desired	\$8.75 Additional
City & State		City & State			Fee Required
23		28		<ol> <li>Election Campaign Financing Trust Fund Contribution</li> </ol>	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for in	
24	25		30]	Florida Statutes	Yes 🗋 No
DI IN	9. Name and Address of Curren	t Registered Agent	B1 Name	10. Name and Address of New Rec	jistered Agent
nuot, nenni n					
5711 WEST U.S. HIGHWAY 192 KISSIMMEE FL 34746			82 Street Addre	ess (P.O. Box Number is Not Acceptable	le)
INO	NAMED IT 34140		B3		
					14-1 75- 0-41-
			84 Gity		FL 85 Zip Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, I forida 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 horeby accept the appointment as registered agent. I am familial with, and accept the obligations of, Section 607.0505, Florida Statutes.					
agent. I a		ations of, Section 607.0505, Flor	rida Statutos.	2 l	- ala
SIGNATURE	Signature, typed or printed name of registered ago		: Registered Agent signature require	3/	28 97
12.	OFFICERS AND	V	13.	ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECTORS IN 12
TITLE	D	DELETE	1.1 TILLE		Change Addition
NAME	RUDY, KERRY F.		1.2 NAME		
- STREET ADDRESS	5711 WEST U.S. HGWY. 192		1.3 STREET ADDRESS		
CITY-ST-ZIP	KISSIMMEE FL	DELLI	1.4 CITY - ST - ZIP		Dollars, Distance
TITLE	d Rudy, Bethany A.	DELETE	21111116		Change Addition
name Street address	5711 WEST U.S. HGWY. 192		2.2 NAME		}
CITY-ST-ZIP	KISSIMMEE FL		2.3 STREET ADDRESS		
TITLE		DELETE	3.1 Title	**************************************	Change Addition
NAME			3.2 NAME		
STREET ADDRESS			33 STHEET ADDRESS		
CITY-ST-ZIP			3.4. CHY-\$1-74P		
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		1
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DETETE	4.4 CITY - S1 - ZIP 5.1 TITLE		Change Addition
NAME		F-1 Detter	5.2 NAME		Fit pliquite Fit vocation
STREET ADDRESS			5.3 STREET ADDRESS		Í
CITY-ST-ZIP			5.4 CITY-ST-ZIP		1
TITLE		DELETE	6.1 HILE		Change Addition
NAME			6.2 NAME		· J
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY+ST-ZIP		
14. I do hereb	by certify that the information supplied	t with this filing does not qualify	for the exemption stated	in Section 119.07(3)(i), Florida Statutes	i. 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 in hanged, or on an attachment with an address.

SIGNATURE: