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

**PROFIT CORPORATION ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

POCUMENT # S27250

(7)

KSH INTERNATIONAL, INC.

Principal Place of Business

Mailing Address

AND WESTEADS CIDE S

## **FILED** Apr 16 1997 8:00am Secretary of State



TAMPA FL 3362		TAMPA FL 33624-4356			
				3. Date Incorporated or Qualified 01/25/1991	3a. Date of Last Report 04/25/1996
	lace of Bysiness	2a. Mailing Address	110.1	4. FEI Number	Applied For
21 502	o Gunn Hwy.	26 4610 West	ford Civile	59-3051143	Not Applicable
Sull SApt	te 220 C	Suite, Apt. #, etc.		5. Certificate of Status Desired	S8.75 Additional Fee Required
	mpa ru	City & State  28 / Awpa	FL	Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 336	624 Collistoro	<sup>Zip</sup> 33624 3	o Hillsboro		Yes No
-	9. Name and Address of Curren	t Registered Agent		10. Name and Address of New Reg	gistered Agent
HOYT, KENNETH S.  4610 WESTFORD CIRCLE TAMPA FL 33624-4356  81 Name  82 Street Address (P.O. Box Number is Not Acceptable)  83 Name					le)
			84 City	- NV	FL 85 Zip Code
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 familial with, and accept the obligations of, Section 607.0505. Florida Statutos.  SIGNATURE  Signature, types or printed name of registered agent and tile, applicable. (NOTE: Registered Agent signature required when reinstating)  DATE					
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12
TITLE	PCD	DELETE	1.1 TITLE		Change Addition
NAME	HOYT, KENNETH S.		1.2 NAME		
STREET ADDRESS	4610 WESTFORD CIRCLE		1.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		1,4 C(TY-\$1-ZIP		
TITLE	SD	DELETE	2.1 T(1),E		Change Addition
NAME	HOYT, LUCY A.		2.2 NAME		
STREET ADDRESS	4610 WESTFORD CIRCLE		2.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL	DELETE	2. 4 City - ST - ZiP		Change Addition
TITLE		T') DECEIE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-\$T-ZIP TITLE		DELETE	3.4. CITY-ST-ZIP 4.1 TITLE		Change Addition
NAME		<del>-</del>	4. 2 NAME	•	
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - ST- ZIP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY - ST - ZIP		
TITLE		DELETE	6.1 TITLE		Change Addition
NAME :			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY - ST - ZIP		
	ny eartify that the information symplicy	with this filing does not qualify		Lin Section 119 07(3)(i) Florida Statutos	Lituriber certify that the

roo nereby certify that the information supplied with this tiling 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 changed, or on an attachment with an address.