

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortman  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **S48633** (9)

1. Corporation Name  
**K. A. T. MANAGEMENT, INC.**



Principal Place of Business: **1206 SW 1ST PLACE CAPE CORAL FL 33991**  
Mailing Address: **1206 SW 1ST PLACE CAPE CORAL FL 33991**

2. Principal Place of Business  
21 State, Apt. #, etc.  
22 City & State  
23 Zip  
24 Country

2a. Mailing Address  
26 State, Apt. #, etc.  
27 City & State  
28 Zip  
29 Country

3. Date Incorporated or Qualified: **04/29/1991**  
3a. Date of Last Report: **02/21/1995**  
4. FEI Number: **65-0239122**  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent

**BEJELUS, THEOPHILUS  
1206 SW 1ST PLACE  
CAPE CORAL FL 33991**

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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

12. OFFICERS AND DIRECTORS

1. TITLE: **D**  
NAME: **BEJELUS, THEOPHILUS**  
STREET ADDRESS: **1206 SW 1ST PL**  
CITY, STATE, ZIP: **CAPE CORAL FL**  
2. TITLE: **D**  
NAME: **GRIFFIN, KENNETH**  
STREET ADDRESS: **18883 CYPRESS VIEW DR.**  
CITY, STATE, ZIP: **FORT MYERS FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE:  Change  Addition  
12. NAME:  
13. STREET ADDRESS:  
14. CITY, STATE, ZIP:  
15. TITLE:  Change  Addition  
16. NAME:  
17. STREET ADDRESS:  
18. CITY, STATE, ZIP:  
19. TITLE:  Change  Addition  
20. NAME:  
21. STREET ADDRESS:  
22. CITY, STATE, ZIP:  
23. TITLE:  Change  Addition  
24. NAME:  
25. STREET ADDRESS:  
26. CITY, STATE, ZIP:  
27. TITLE:  Change  Addition  
28. NAME:  
29. STREET ADDRESS:  
30. CITY, STATE, ZIP:

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/15/96 574-3020  
Date: Phone #

CR2E034 (12/95)