

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **S63705** (5)

1. Corporation Name

KS CITRUS, INC.



Principal Place of Business

**259 RADNOR-CHESTER RD
SUITE 210 FIDELITY COURT
RADNOR PA 19087-5218
US**

Mailing Address

**P. O. BOX 8303
RADNOR PA 19087
US**

3. Date Incorporated or Qualified
07/02/1991

3a. Date of Last Report
04/21/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SIMPSON, LARRY D.
1102 NORTH GADSDEN STREET
TALLAHASSEE FL 32303**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits the statement for the purpose of changing its registered officer or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors, hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0503, Florida Statutes.

SIGNATURE

Signature tax preparer (to be filled in by tax preparer)

Signature of Agent (to be filled in by registered agent)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DELETE

Change Addition

NAME **D SWEET JR., KENNETH S**
STREET ADDRESS **140 CHESWOLD LANE,**
CITY-ST-ZIP **HAVERFORD PA**

11 TITLE Change Addition

TITLE DELETE

12 TITLE Change Addition

NAME **T IRWIN, JOHN N.**
STREET ADDRESS **259 RADNOR-CHESTER ROAD**
CITY-ST-ZIP **RADNOR PA**

13 NAME Change Addition

TITLE DELETE

14 NAME Change Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

15 NAME Change Addition

TITLE DELETE

16 NAME Change Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

17 NAME Change Addition

TITLE DELETE

18 NAME Change Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

19 NAME Change Addition

TITLE DELETE

20 NAME Change Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

21 NAME Change Addition

14. I do hereby certify that the information supplied in this filing is voluntarily furnished and does not qualify for the exemption statement 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 or changes, or on an attachment with an address.

SIGNATURE:

John N. Irwin

John N. Irwin

4/15/96 (619) 688-6660

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)