

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **S84021** (2)

1. Corporation Name
K & L INTERNATIONAL COMMODITIES, INC.



Principal Place of Business: **10391 ST. AUGUSTINE RD. STE 11 JACKSONVILLE FL 32257 US**
Mailing Address: **10391 ST AUGUSTINE RD. STE 11 JACKSONVILLE FL 32257 US**

21	2. Principal Place of Business	2a	Mailing Address
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.
23	City & State	28	City & State
24	Zip	29	Zip
25	Country	30	Country

3.	Date Incorporated or Qualified	3a.	Date of Last Report
	10/01/1991		05/01/1995
4.	FBI Number	Applied For	
	59-3088329	<input type="checkbox"/> Not Applicable	
5.	Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
8.	This corporation has liability for intangible tax under s 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent

TADEUSZ A. KISLY
10550 ST. AUGUSTINE RD., STE. 4
JACKSONVILLE FL 32257

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 607.0602 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 familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		DELETED
TITLE	V	<input type="checkbox"/>
NAME	KISLY TADEUSZ A.	
STREET ADDRESS	10391 ST. AUGUSTINE RD ST 11	
CITY- ST- ZIP	JACKSONVILLE FL	
TITLE	P	<input type="checkbox"/>
NAME	BROWN, EDDIE	
STREET ADDRESS	2126 W. HOVINGTON CIRCLE	
CITY- ST- ZIP	JACKSONVILLE FL	
TITLE	M	<input type="checkbox"/>
NAME	HIERS, STEVEN N.	
STREET ADDRESS	4152 MUSTANG RD.	
CITY- ST- ZIP	MIDDLEBURG FL	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1	TITLE	<input type="checkbox"/>	<input type="checkbox"/>
1.2	NAME		
1.3	STREET ADDRESS		
1.4	CITY- ST- ZIP		
2.1	TITLE	<input type="checkbox"/>	<input type="checkbox"/>
2.2	NAME		
2.3	STREET ADDRESS		
2.4	CITY- ST- ZIP		
3.1	TITLE	<input type="checkbox"/>	<input type="checkbox"/>
3.2	NAME		
3.3	STREET ADDRESS		
3.4	CITY- ST- ZIP		
4.1	TITLE	<input type="checkbox"/>	<input type="checkbox"/>
4.2	NAME		
4.3	STREET ADDRESS		
4.4	CITY- ST- ZIP		
5.1	TITLE	<input type="checkbox"/>	<input type="checkbox"/>
5.2	NAME		
5.3	STREET ADDRESS		
5.4	CITY- ST- ZIP		
6.1	TITLE	<input type="checkbox"/>	<input type="checkbox"/>
6.2	NAME		
6.3	STREET ADDRESS		
6.4	CITY- ST- 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: Tadeusz A. Kisly TADEUSZ A. KISLY 4.30.96. /904/262-9496
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)