

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 27 PM 3:22

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # S91476 (9)

1. Corporation Name

KSH, INC.

Principal Place of Business

**1134 RIVERMONT DR W
MELBOURNE FL 32935**

Mailing Address

**1134 RIVERMONT DR W
MELBOURNE FL 32935**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/01/1991

3a. Date of Last Report

04/29/1994

4. FEI Number

59-3092696

Applied For

Not Applicable

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. 199.019,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

25 Suite, Apt. #, etc.

27 City & State

29 Zip

Country

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

**STEVEN D. BRAVERMAN P.A.
3511 W COMMERCIAL BLVD
SUITE 200
FT LAUDERDALE FL 33309**

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

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

**TITLE PD
NAME LE BLANC, SANDRA
STREET ADDRESS 1134 RIVERMONT DR W
CITY, ST, ZIP MELBOURNE FL**

**TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP**

**TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP**

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CITY, ST, ZIP**

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CITY, ST, ZIP**

**TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

**1 1 TITLE
2 NAME
3 STREET ADDRESS
4 CITY, ST, ZIP**

**2 1 TITLE
2 NAME
3 STREET ADDRESS
4 CITY, ST, ZIP**

**3 1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY, ST, ZIP**

**4 1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY, ST, ZIP**

**5 1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY, ST, ZIP**

**6 1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY, ST, ZIP**

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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 110.07(3)(b), 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:

Sandra LeBlanc **Sandra LeBlanc** **4-24-95** **255-3399**

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

Date

Typed Name

(407)