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

PROFIT CORPORATION ANNUAL REPORT

1997

KSH, INC.

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S91476

(9)

Mailing Address

FILED May 05 1997 8:00am Secretary of State

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1134 RIVERMONT DR W MELBOURNE FL 32935		1134 RIVERMONT DR W MELBOURNE FL 32935-5852						
					3. Date Incorporated or Qualified 11/01/1991	3a. Date of Last I 08/07/1996	Report	
 -	Place of Business	2a. Mailing Address	2a. Mailing Address		4. FEI Number	<u> </u>	pplied For	
21		26			·		lot Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc			5. Certificate of Status Desired	stus Dosired		
City & Stat	.0	City & State			6. Election Campaign Financing	····	May Be	
23		28			Trust Fund Contribution		I to Fees	
Zip	Country	Zip	Country		8. This corporation has liability for it	ntangible tayunder :	s. 199,032,	
24	25	[29]	30		Florida Statutes	Yes No		
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Reg	gistered Agent		
	VEN D. BRAVERMAN P.A.		81 Na	ame				
	W COMMERCIAL BLVD		82 Si	reet Address	(P.O. Box Number is Not Acceptab	le)		
	E 200				·			
FT L	AUDERDALE FL 33309		83					
			84 Ci	ity		FL 85 Zip	Code	
11. Pursuant	to the provisions of Sections 607.05	02 and 607 1508. Florida S	atutes the above-na	mod carnors	ation submits this statement for the o		its registered	
office or r	registered agent, or both, in the State am familiar with, and accept the oblice.	of Florida. Such change v	as authorized by the	corporation	ation submits this statement for the p 's board of directors. I hereby accep	t the appointment a	s registered	
•	am iamiliar with, and accept the oblig	jations of, Section 607.050:	o, Fronda Statutes.					
SIGNATURE	Signature, typed or printed name of registered ag	ent and like diapple able	INO16: Repistered Agent sig	anature required v	vhen (einsta: no)	EJATE		
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC		RS IN 12	
TITLE	PO	☐ DELETE	1.1 TITLE			Change		
NAME	LE BLANC, SANDRA		1.2 NAME					
STREET ADDRESS	1134 RIVERMONT DR W		1.8 STREET ADDR	RESS -				
CITY-ST-ZIP	MELBOURNE FL		1.4 CITY - ST - ZIF	р				
TITLE		☐ DELETE	2.1 TITLE			☐ Change	Addition	
NAME			2.2 NAME			•		
STREET ADDRESS			2.8 STREET ADDR	RES\$				
CITY-ST-ZIP			2 4 GHY- S1 - ZI	P				
TITLE		□ DELETE	3.1 111(1			Change	Addition	
NAME			∈ 3.2 NAML					
STREET ADDRESS			3.8 STREET ADDR	RESS				
CITY-ST-ZIP			3.4 CITY - ST - 71	IP				
TITLE		☐ DELETE	4.0 TOTALE			Change	Addition	
NAME			4. 2 NAME					
STREET ADDRESS			4.8 STREET ADDR	RESS				
CITY-ST-ZIP		DEST	4.4 CITY - ST - ZH	P				
TITLE		☐ DELETE	5.4 TITLE			☐ Change	Addition	
NAME			5.2 NAME					
STREET ADDRESS			5.8 STREET ADDR					
CITY-ST-ZIP		District	5.4 CITY - ST - 7H	P		<u> </u>	F-1	
TITLE		DECETE	6.4 TITLE			L_I Change	Addition	
NAME			6.2 NAME					
STREET ADDRESS	1		6.8 STREET ADDR					
CITY - ST - ZIP	Ī		6.4 CITY - ST - ZIE	p				

14. I do hereby certify that the information supplied with this filing 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 any staphyment with an address.

CICMATURE.

SWALL OF PLANE SANDRA LEBLANC 4-74-97 407-255-3399