

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **S98384** (8)
1. Corporation Name
N6KH CORP., INC.



Principal Place of Business
**217 HARTRIDGE HILLS CT
WINTER HAVEN FL 33881
US**

Mailing Address
**217 HARTRIDGE HILLS CT
WINTER HAVEN FL 33881
US**

| | |
|---|--|
| 3. Date Incorporated or Qualified 12/06/1991 | 3a. Date of Last Report 04/28/1995 |
| 4. FEI Number 59-3104019 | Applied For <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 checked="" type="checkbox"/> No | |

| | |
|--|---|
| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 |
|--|---|

9. Name and Address of Current Registered Agent

**SHARIT, JOE, L, JR
99 SIXTH ST SW
WINTER HAVEN FL 33880**

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 607.1508, 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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

| | | | | |
|-------|---------------|-------------------------------|---|--|
| TITLE | NAME | STREET ADDRESS | CITY - ST - ZIP | <input type="checkbox"/> DELETE |
| | PD | ESTRADA, ERNESTO | 217 HARTRIDGE HILLS CT WINTER HAVEN FL | |
| TITLE | NAME | STREET ADDRESS | CITY - ST - ZIP | <input checked="" type="checkbox"/> DELETE |
| | ST | ESTRADA, ERNESTO S | 217 HARTRIDGE HILLS CT WINTER HAVEN FL | |
| TITLE | NAME | STREET ADDRESS | CITY - ST - ZIP | <input type="checkbox"/> DELETE |
| | | | | |
| TITLE | NAME | STREET ADDRESS | CITY - ST - ZIP | <input type="checkbox"/> DELETE |
| | | | | |
| TITLE | NAME | STREET ADDRESS | CITY - ST - ZIP | <input type="checkbox"/> DELETE |
| | | | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|---------------------|--|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY - ST - ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY - ST - ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME | Steve Franklin/STP |
| 3.3 STREET ADDRESS | 217 Hartridge Hills Ct. |
| 3.4 CITY - ST - ZIP | Winter Haven, FL, 33881 |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY - ST - ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY - ST - ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (12/95)

PS 3/18/96