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

PROFIT CORPORATION ANNUAL REPORT

1997

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V08043

(4)

KEVRAY, INC.

KEVHAY	, ING.				
Principal Place	e of Business	Mailing Address			—
4300 N. UNIVERSITY DRIVE STE D-103 LAUDERHILL FL 33351		4300 N. UNIVERSITY DRIVE STE D-103	4300 N. UNIVERSITY DRIVE		
U\$		US			3. Date Incorporated or Qualified 01/22/1992 3a. Date of Last Report 04/08/1996
2. Principal Place of Business		2a. Mailing Address	 		4. FEI Number Applied For 65-0308170 Not Applicable
Suite, Apt. #, etc		Suite, Apt. #, etc.	Suite Apt # etc		SR 75 Additional
22		27	├ ──		5. Certificate of Status Desired Fee Required
City & State		City & State	⊢ ′		6. Election Campaign Financing \$5.00 May Be
23 Zip	Country	28	Countr	· · · · · · · · · · · · · · · · · · ·	Trust Fund Contribution
24]	25	├ ─┐	30	′	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No
	9. Name and Address of Cu				10. Name and Address of New Registered Agent
	RPHY, WILLIAM M.		81	Name	
	O.N. UNVIERSITY DRIVE		82 Street Ad		ress (P.O. Box Number is Not Acceptable)
	D-103		83		
LAU	IDERHILL FL 33351		53		
			84	City	FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607.	.0502 and 607.1508, Florida Statute	s, the abov	e-named corp	poration submits this statement for the purpose of changing its registered
office or na agent 1 a	egistered agent, or both, in the S m familiar with, and accept the o	itate of Florida. Such change was au bligations of, Section 607.0505, Flor	uthorized b rida Statute	y the corporati s.	poration submits this statement for the purpose of changing its registered ion's board of directors. I hereby accept the appointment as registered
SIGNATURE					
	Signature typed or printed name of registere		Registered Ag	ent signature requir	red when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.	OFFICERS D	AND DIRECTORS DELETE	1.1 TITLE		Change Addition
NAME	MURPHY, KEVIN B.	<u></u>	1.2 NAME		-
STREET ADDRESS	4300 N. UNIVERSITY DR.,	STE 103		T ADDRESS	
CITY - ST - 7IP	LAUDERHILL FL		1.4 CiTY -	ST-ZIP	
TITLE		☐ DELETE	DELETÉ 2.1 TITLE		Change Addition
NAME			2.2 NAME		
STHEET ACCRESS				T ADDRESS	
COTY - S1 - ZOP		DELETE	2. 4 CITY - ST - ZIP 3.1 TITLE		☐ Change ☐ Addition
TITLE	·		3.2 NAME		Change Addition
NAME STREET ADDRESS				T ADDRESS	
CITY - ST - 7IP			3.4. CITY-		
THE	DELETE		4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREE	T ADDRESS	
City+S1+ZiP			4.4 CiTY-	ST - ZIP	
1006	☐ DELETE 5		5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS				T ADDRESS	
CHY-SI-7IP			5.4 CITY -	ST-ZIP	Change Addition
TITLE			6.1 TITLE		Claige Mondon
NAME CTOCKT ADDRESS			6.2 NAME	T ADDRESS	
STREET ADDRESS			6.4 CITY -	1	
CITY-ST-ZIP 14. Edo herel	L by certify that the information sur-	oplied with this filing does not qualify	for the ex	emption stated	d in Section 119.07(3)(i), Florida Statutes. I further certify that the
informatio Lam an o	on indicated on this annual report officer or director of the corporation	l or supplemental annual report is tri	ue and acc ered to exe	urate and that	t my signature shall have the same legal effect as if made under oath; that it as required by Chapter 607, Florida Statutes; and that my name

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME

TO THE STORING OFFICER ON DIRECTOR

4/23/97

305 746 222

FILED

May 12 1997 8:00am

Secretary of State

Daytime Phone #