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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # V10960

1. Corporation Name

KINETIC INTERNATIONAL CORPORATION

Principal Place of Business	Mailing Address
6979 SANTA CLARA DR. NAVARRE, FL. 32566	6979 SANTA CLARA DR NAVARRE, FL. 32566

3. Date Incorporated or Qualified: 01-31-92
3a. Date of Last Report: 10-03-95

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip / Country
24 / 25

2a. Mailing Address
26 6979 SANTA CLARA DR
Suite, Apt. # etc.
27
City & State
28 NAVARRE, FL.
Zip / Country
29 32566 / 30 SANTA ROSA

4. FEI Number: 59-3106256 — Applied For / Not Applicable

5. Certificate of Status Desired: X — $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution: X — $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes: ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

ALAN B. WATTS
6979 SANTA CLARA DR.
NAVARRE, FL. 32566

10. Name and Address of New Registered Agent

81 Name: ALAN B. WATTS
82 Street Address (P.O. Box Number is Not Acceptable): 6979 SANTA CLARA DR.
83
84 City: NAVARRE FL 85 Zip Code: 32566

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]; ALAN B. WATTS, R.A. 5-01-96
Signature, typed or printed name of registered agent and title, if applicable (DATE: a Florida Agent's signature is required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C, M, P, S ☐ DELETE	1.1 TITLE	T ☐ Change ☒ Addition
NAME	ALAN B WATTS	1.2 NAME	ALAN B. WATTS
STREET ADDRESS	6979 SANTA CLARA DR	1.3 STREET ADDRESS	6979 SANTA CLARA DR
CITY-ST-ZIP	NAVARRE, FL 32566	1.4 CITY-ST-ZIP	NAVARRE, FL 32566
TITLE	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

FEI 5/1/96

CR2E034 (12/95)

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]; ALAN B. WATTS; 5-01-96; (904) 939-2680
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #