

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

PROFIT
CORPORATION
ANNUAL REPORT

1997



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

DOCUMENT #

1. Corporation Name

V12229
Kham, INC
1853 Anniston Road
JAX, FL 32246

Principal Place of Business

Mailing Address

1853 Anniston
Road
JAX, FL 32246

PO Box 16952
JAX, FL 32245-6952

2. Principal Place of Business

2a. Mailing Address

21 1853 Anniston Rd

26 PO Box 16952

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State
JAX FL

City & State
JAX FL

23 Zip
32246

Country
DUAL

28 Zip
32245-6952

Country
DUAL

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Outlaythong Thempmanivong
1853 Anniston Rd
JAX, FL 32246

81 Name Outlaythong Thempmanivong
82 Street Address (P.O. Box Number is Not Acceptable)
1853 Anniston Rd
83
84 City JAX FL 85 Zip Code 32246

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:

Outlaythong

Signature typed or printed name of registered agent (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	1. PRESIDENT/DIRECTOR
NAME	Outlaythong Thempmanivong
STREET ADDRESS	1853 Anniston Rd
CITY- ST- ZIP	JAX, FL 32246
TITLE	2. [] DELETE
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	3. [] DELETE
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	4. [] DELETE
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	5. [] DELETE
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	6. [] DELETE
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	[] Change [] Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	[] Change [] Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	[] Change [] Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	[] Change [] Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	[] Change [] Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	[] Change [] Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY- ST- ZIP	

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***1080.00 ***1080.00

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:

Outlaythong

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

95-97

FILED

97 APR 17 PM 1:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

95-97

mwb

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