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 # V30380

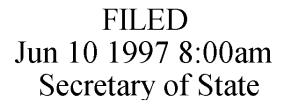
(2)

K-MANAGEMENT CO.

Mailing Address

Principal Place of Business 9082 CAVATINA PL BOYNTON BEACH FL 33437

9082 CAVATINA PL BOYNTON BEACH FL 33437-512





BOYNTON BEACH FL 33437			BOYNTON BEACH FL 33437-5129				•					
								Date Incorporated or Qualified 04/20/1992		te of Last F 08/1996	Report	
2. Principal Place of Business			2a. Mailing Address				4.	FEI Number	**		pplied For	
Suite, Apt. #, etc.			26					65-0334262			ot Applicable	
22			27				5. Certificate of Status Desired					
City & State			City & State				6. Election Campaign Financing \$5.00 May Be					
23			28				Trust Fund Contribution Added to Fees					
Zip	Country Zip			├ ─┐	Country			8. This corporation has liability for intangible tax under s. 199.032,				
24	25 29 30 9. Name and Address of Current Registered Agent				0]			Florida Statutes Yes No				
PAT	EL, RAJESH	diese di Carrent II	egistered Agent		B1 Na	ame	10.	Name and Address of New Re	gistered A	gent		
109-A E BOYNTON BEACH BLVD												
	YNTON BEACH F				32 St	reet Addre	ess (P.	O. Box Number is Not Acceptab	lo)			
				1	B3						·····	
				h	34 Ci	tv				os Zio	Code	
	- · · · - · · · · · · · · · · · · · · ·					•			FL			
11. Pursuant i	to the provisions of egistered agent, or	Sections 607.0502 a both, in the State of I	nd 607.1508, Florida Stati Florida, Such change was	utes, the abo	ove-na	med corpo	oration	submits this statement for the place of directors. Thereby accer-	urpose of	changing i	ts registered	
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 ar	od title il applicable. (NC	DTE: Registered	Agent sig	nature require	nd when	(cinstaturo)	DATE	 		
12.		OFFICERS AND D		13.		- Department	· · · · · · · · · · · · · · · · · · ·	DDITIONS/CHANGES TO OFFIC		DIRECTOR	RS IN 12	
TITLE	P		☐ DELETE	1.1 TITL	E					Change	☐ Addition	
NAME	PATEL, DEEPA			1.2 NAN	1E							
STREET ADDRESS	9082 CAVATINA BOYNTON BC				EET ADDR							
ÇITY-ST-ZIP Title	DOTATON BUT	1 76	☐ DELETE	1.4 CITY 2.1 TiTL	(- ST - ZIP					Change	T Addres	
NAME			veren	2.1 I/IL					•	Change	Addition	
STREET ADDRESS					EET ADDR	FSS						
CITY-ST-ZIP				1	Y - ST - ZIF							
TITLE			DELETE	3.1 TITE						Change	Addition	
NAME				3.2 NAM	ŧE.	i						
STREET ADDRESS				3.3 STR	EET ADDR	ESS						
CITY-ST-ZIP TITLE	<u></u>		☐ DELETE		Y-ST-ZIF	<u>'</u>			- 1			
NAME			C) DELETE	4.1 TITL 4.2 NAI					1	Change	Addition	
STREET ADDRESS					ME EET ADDR	EGG					ĺ	
CITY-ST-ZIP					'- ST - 7 (P							
TITLE			DELETE	5.1 TITL		1				Change	Addition	
NAME				5.2 NAW	IE							
STREET ADDRESS				5.3 STA	ET ADDR	ESS						
CITY-ST-ZIP					-ST-21P							
TITLE			☐ DELETE	6.1 1/11					Į.	Change	☐ Addition	
NAME				62 NAM								
STREET ADDRESS					FT ADDR	ESS						
CITY-ST-ZIP		_		6.4 CHY	- ST- ZIP	- 1						

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 an attachment with an address.