

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

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Mar 11 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # **V31007** (0)  
1. Corporation Name  
**KE-DA LIMITED, INC.**

Principal Place of Business  
**8100 CHILTERN DR.  
ORLANDO FL 32827**

Mailing Address  
**% INTERNATIONAL MANAGEMENT GROUP  
1 ERIEVIEW PLAZA  
CLEVELAND OH 44114-1715**



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 24 Zip 25 Country		2a. Mailing Address 26 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified <b>04/22/1992</b>		3a. Date of Last Report <b>03/25/1996</b>	
		<b>9100 CHILTERN DR</b>		4. FEI Number <b>34-1706629</b>		Applied For Not Applicable	
		<b>ORLANDO FL 32827</b>		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
		<b>32827</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
		<b>USA</b>		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

**EDWARDS, JOSEPH D  
201 N. FRANKLIN ST.  
SUITE 2100  
TAMPA FL 33601**

10. Name and Address of New Registered Agent

81 Name **STEVE HAMIC**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**1905 S. FL**  
83 **LAKELAND**  
84 City **LAKELAND** FL 85 Zip Code **33803**

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 *Stephen J. Edwards* (NOTE: Registered Agent signature required when reinstating) DATE **2-22-97**

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>LEADBETTER, DAVID B</b>	
STREET ADDRESS	<b>ONE ERIE VIEW</b>	
CITY-STATE-ZIP	<b>CLEVELAND OH</b>	
TITLE	<b>S</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>CARPENTER, WILLIAM H</b>	
STREET ADDRESS	<b>ONE ERIEVIEW PLAZA STE. 1300</b>	
CITY-STATE-ZIP	<b>CLEVELAND OH 44114</b>	
TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>LEADBETTER, KELLY</b>	
STREET ADDRESS	<b>ONE ERIEVIEW PLAZA STE. 1300</b>	
CITY-STATE-ZIP	<b>CLEVELAND OH 44114</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

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-STATE-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-ZIP	

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.

SIGNATURE: *X* *David B. Leadbetter*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0478284

CR2E034 (9/96)