

FILE NUMBER FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # V34488 (9)

1. Corporation Name
KACE FINANCIAL GROUP, INC.

FILED

96 SEP 25 AM 8:37



Principal Place of Business: 1709 N.W. 23RD ST. GAINESVILLE FL 32605
Mailing Address: 1709 N.W. 23RD ST. GAINESVILLE FL 32605

3. Date Incorporated or Qualified: 05/06/1992
3a. Date of Last Report: 04/28/1995
4. FEI Number: 59-3128641
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s 199.032, Florida Statutes: Yes No

2. Principal Place of Business (21-24) and 2a. Mailing Address (26-30) fields with sub-headers for Suite, City, State, Zip, and Country.

10. Name and Address of New Registered Agent (81-85) fields: Name, Street Address, City, State (FL), Zip Code.

9. Name and Address of Current Registered Agent: JAMES D. SALTER, 703 NE 1ST STREET, GAINESVILLE FL 32601

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 (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS table with columns for Title, Name, Street Address, City-ST-ZIP, and a DELETED checkbox. Includes Charles S. Pearce III and Karen S. Pearce.

13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS table with columns for Title, Name, Street Address, City-ST-ZIP, and checkboxes for Change and Addition. Includes handwritten signature and date 9/19/96.

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: Karen S. Pearce Karen S. Pearce 4/10/96 (352) 375-8561
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2F034 (12/95)