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 # V38831

(6)

Mailing Address

K. D. VALENTINE, INC.

Principal Place of Business

FILED Apr 18 1997 8:00am Secretary of State



855 8. FEDERAL HWY STE 103 BOCA RATON FL 33432-6130 US				855 S. FEDERAL HWY STE 103 BOCA RATON FL 33432-6130 US					3	3. Date Incorporated or Qualified 3a. Date of Last Report 05/27/1992 07/25/1996						eport	
2. Principal Place of Business 21				2a. Mailing Address 26					- 4	4. FEI Number 65-0351242					Applied For Not Applicable		
Sulte, Apt. #, etc.				Suite, Apt. #, etc.						5. Certificate of Status Desired \$8.75 Additional							-
22				27						, Certificate of S	iaius Desirei		 			quired	
City & State				City & State					€	6. Election Camp	•	_	_			Мау Ве	
Zip	Country			Zip Coul			ıntry		-	Trust Fund Contribution						\neg	
24		25		29 30					Florida Statutes X Yes No							- 1	
		and Address of C	urrent Re	glatered Ag	jent				10	o. Name and Ad	dress of Ne	w Regis	tered A	gent			7
VALENTINE, KENNETH							81	Name									
855 S. FEDERAL HWY, STE 103 STE 105E							82	Street	Address	(P.O. Box Numbe	r is Not Acce	eptable)					
BOCA RATON FL 33432							83						···				-
							B4	City						85	Zip C	Code	-
44 Dureupnt	to the provisi	ions of Sections 60	7 0E02 ou	1.007.1500	Florido Statut	an Iba a		, named		ion o desito this o	lalamani das	46-2	FL	1 1			_
office or r	egistered ag	ent, or both, in the th, and accept the	State of Fl	orida. Such	change was :	authorize	d by	the con	poration's	board of director	iatement for rs. I hereby ε	ine puri accept t	oose oi he appo	onang pintme	ing its nl as i	registered registered	3
SIGNATURE	I TI TOUT IIII CLI WY	un, and accept the	obligations	oi, dection	1 007.0303, 11	Unua Sta	ules	٠.									
BIGINATURE	Signature typed	or printed name of register	red agent and	tile d'applicable	(NOI	L: Hegistere	d Age	nt signature	required wh	on reinstating)	· · · · · · · · · · · · · · · · · · ·		DATE		-		-
12.	- K	OFFICER	S AND DIF		DEL CIC	13.			T	ADDITIONS/CH	ANGES TO C	OFFICER					{ <u>{</u>
TITLE Name	D VALENTII	NE KENNETH			DELETE	1.1 T/							ļ] Chi	ange	Addilio	n
STREET ADDRESS	VALENTINE, KENNETH 855 S. FEDERAL HWY, STE 103						1.2 NAME 1.3 STREET ADDRESS										2
CITY-ST-ZIP	BOCA RA						1.4 CITY-ST-ZIP										Ĺ
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NAME				2			2.2 NAME										
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NAME					Octob	6.2 NA							·		ะเห็ด	A00000	`
STREET ADDRESS								ADDRESS									
CITY-ST-ZIP						64 Cr		f									

14. Ido 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 characteristics.