

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

DOCUMENT # **V41723** (0)

1. Corporation Name

**2KS MANAGEMENT CO., INC.**



Principal Place of Business

**13198 FOREST HILL ROAD  
WEST PALM BEACH FL 33414  
US**

Mailing Address

**44-16TH ST  
WHEELING WV 26003  
US**

3. Date Incorporated or Qualified

**06/05/1992**

3a. Date of Last Report

**05/01/1995**

4. FEI Number

**65-0342723**

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

9. Name and Address of Current Registered Agent

**MCLAUGHLIN, R C  
13198 FOREST HILL BLVD  
WEST PALM BCH FL 33414**

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

**FL**

85. Zip Code

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, Sections 607.0502 and 607.1508, Florida Statutes.

SIGNATURE

*Robert C. McLaughlin*

*ROBERT C. MCLAUGHLIN*

**4-12-96**

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE  
NAME **PD STRAUB, GLENN E**  
STREET ADDRESS **2000 HYCROFT AVE.**  
CITY-ST-ZIP **PITTSBURGH PA**

TITLE ☐ DELETE  
NAME **T SKINNER, HAROLD**  
STREET ADDRESS **126 WESTGATE DR.**  
CITY-ST-ZIP **WHEELING WV**

TITLE ☐ DELETE  
NAME **S SAMOL, ROBERT J**  
STREET ADDRESS **204 BETTY ST.**  
CITY-ST-ZIP **WHEELING WV**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition  
1.2 NAME **P/D GLENN F. STRAUB**  
1.3 STREET ADDRESS **11809 POLO CLUB ROAD**  
1.4 CITY-ST-ZIP **WELLINGTON, FL 33414**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME **T HAROLD SKINNER**  
2.3 STREET ADDRESS **11809 POLO CLUB ROAD**  
2.4 CITY-ST-ZIP **WELLINGTON, FL 33414**

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

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:

*Harold Skinner*

**3/23/96**

Daytime Phone #

CR2E034 (12/95)