FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
May 14 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 # **V41723** (0)

1. Corporation Name
2KS MANAGEMENT CO., INC.

Principal Place of Business	Mailing Address
13198 FOREST HILL ROAD WEST PALM BEACH FL 33414 US	44-16TH ST WHEELING WV 26003-3661 US

3. Date Incorporated or Qualified: 06/05/1992
3a. Date of Last Report: 04/23/1996

2. Principal Place of Business
21: 11809 Polo Club Road
22: Suite, Apt. #, etc.
23: City & State: West Palm Beach, FL
24: Zip: 33414
25: Country: US

2a. Mailing Address
26: 56-790 Dilles Bottom
27: Suite, Apt. #, etc.
28: City & State: Shadyside, OH
29: Zip: 43947
30: Country: US

4. FEI Number: 65-0342723 ☐ Applied For ☐ Not Applicable

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: Allen Snow
82 Street Address (P.O. Box Number is Not Acceptable): 11809 Polo Club Road
83
84 City: West Palm Beach FL 85 Zip Code: 33414

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 _____ 4/28/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	STRAUB, GLENN E		1.2 NAME	
STREET ADDRESS	11809 POLO CLUB RD		1.3 STREET ADDRESS	
CITY-ST-ZIP	WELLINGTON FL		1.4 CITY-ST-ZIP	
TITLE	T	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	SKINNER, HAROLD		2.2 NAME	
STREET ADDRESS	11809 POLO CLUB RD		2.3 STREET ADDRESS	
CITY-ST-ZIP	WELLINGTON FL		2.4 CITY-ST-ZIP	
TITLE	S	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	SAMOL, ROGERT J		3.2 NAME	
STREET ADDRESS	204 BETTY ST.		3.3 STREET ADDRESS	
CITY-ST-ZIP	WHEELING WV		3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (9/96)

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 added on an attachment with an address.

SIGNATURE: _____ 4/28/97 561-798-7805