FILE NOW: FILING FEE AFTER MAY 1 IS \$22!

PROFIT CORPORATION



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State ANNUAL REPORT DIVISION OF CORPORATIONS 1996 (9)V42860 DOCUMENT # KAPPA INVESTMENTS, INC. Mailing Address Principal Place of Business P.O. BOX 568821 908 S DELANEY AVE ORLANDO FL 32356-8821 ORLANDO FL 32806-1275 3a. Date of Last Report 3. Date Incorporated or Qualified 05/01/1995 06/10/1992 Applied For 4. FEI Number 2a. Mailing Address 2. Principal Place of Business Not Applicable 59-3126756 26 21 \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required Suite, Apt #, etc. 27 22 \$5.00 May Be 6. Election Campaign Financing Oity & State City & State Added to Fees Trust Fund Contribution 28 8. This corporation has liability for intangible tax under s. 199.032, 23 Country Country Zio ☐ Yes ☐ No Ζp Florida Statutes 30 29 10. Name and Address of New Registered Agent 24 9. Name and Address of Current Registered Agent 81 Name Street Address (P.O. Box Number is Not Acceptable) 82 CARTER, DARYL M. 908 SOUTH DELANEY AVE. 83 ORLANDO FL 32806 Zip Code 85 84 City 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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. (NOTE: Bug street Aprilt signal increasined when resizing) CR2E034 (12/95) SIGNATURE Sky afters, typed or product came of registered apend as extre if apply as the ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13 Addition 🔲 Change 12. DELETE 1 1 1111:15 TITLE 1.2 NAME POITRAS, PATRICIA T. NAME 1.3 STREE! ADDRESS 198 HIGHLAND STREET ADDRESS 1.4 CITY - ST - ZIF HOLLISTON MA Addition Change CITY - ST - ZiP 2 1 1111 DELETE **DST** TITLE 2.2 NAME POITRAS, KAY G. NAME 2.3 STREET ADDRESS 27B MOORE RD. STREET ADDRESS 2 4 CITY - ST - ZIP HAINES CITY FL Change Addition CITY - ST ZIP DELETE 3 1 1111.5 TiTLE 3.2 NAME CARTER, MAURY L NAME 3.3 STREET ADDRESS 908 S. DELANEY AVE STREET ADDRESS 3 4 CITY - ST - ZIP ORLANDO FL Addition Change City - S1 - ZIP DELETE 4 1 TITLE TITLE 4.2 NAME CARTER, DARYL M NAME 4.3 STREET ADDRESS 908 S. DELANEY AVE STREET ADDRESS 4 4 CITY - ST - ZIF ORLANDO FL Addition [] Change CITY-ST-ZIF DELETE 5 1 TITLE TITLE 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP Change Addition CITY-ST-ZIP ☐ DELETE 6 1 TITLE

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 early 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 open attachment with an address.

6.2 NAME

6 3 STREET ADDRESS

SIGNATURE:

TITLE

NAME

STREET ADDRESS

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Assistant Secretary M S Carter,

407/422-3144 Apr 16 96