

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 # V42860 (9)

1. Corporation Name

KAPPA INVESTMENTS, INC.



Principal Place of Business

908 S DELANEY AVE
ORLANDO FL 32806-1275
US

Mailing Address

P.O. BOX 568821
ORLANDO FL 32356-8821
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified
06/10/1992

3a. Date of Last Report
05/01/1995

4. FEI Number

59-3126756

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

CARTER, DARYL M.
908 SOUTH DELANEY AVE.
ORLANDO FL 32806

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, Section 607.0505, Florida Statutes.

SIGNATURE

(Signature, typed or printed name of registered agent as in the Florida Statutes)

(Signature, typed or printed name of registered agent as in the Florida Statutes)

DATE

12. OFFICERS AND DIRECTORS

| | | |
|-----------------|----------------------|--------|
| TITLE | DP | DELETE |
| NAME | POITRAS, PATRICIA T. | |
| STREET ADDRESS | 198 HIGHLAND | |
| CITY - ST - ZIP | HOLLISTON MA | |
| TITLE | DST | DELETE |
| NAME | POITRAS, KAY G. | |
| STREET ADDRESS | 27B MOORE RD. | |
| CITY - ST - ZIP | HAINES CITY FL | |
| TITLE | VP | DELETE |
| NAME | CARTER, MAURY L | |
| STREET ADDRESS | 908 S. DELANEY AVE | |
| CITY - ST - ZIP | ORLANDO FL | |
| TITLE | AS | DELETE |
| NAME | CARTER, DARYL M | |
| STREET ADDRESS | 908 S. DELANEY AVE | |
| CITY - ST - ZIP | ORLANDO FL | |
| TITLE | | DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
| TITLE | | DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |

13.

| | | |
|---------------------|--------|----------|
| 1.1 TITLE | Change | Addition |
| 1.2 NAME | | |
| 1.3 STREET ADDRESS | | |
| 1.4 CITY - ST - ZIP | | |
| 2.1 TITLE | Change | Addition |
| 2.2 NAME | | |
| 2.3 STREET ADDRESS | | |
| 2.4 CITY - ST - ZIP | | |
| 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 | | |

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Daryl M. Carter, Assistant Secretary

Apr 16 96

407/422-3144

CR2E034 (12/95)