


3/24/97

B-3513 MC

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Mar 24 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 # V43110 (8) 1. Corporation Name K FOSTER DESIGNS, INC.			
Principal Place of Business 11420 FORTUNE CR I-13 WEST PALM BEACH FL 33414 US		Mailing Address 11420 FORTUNE CIRCLE I-13 WEST PALM BEACH FL 33414-8743 US	
2. Principal Place of Business 13650 Columbine Ave. Suite, Apt. #, etc. Wellington City & State Zip 33414 Country usa		2a. Mailing Address 13650 Columbine Ave. Suite, Apt. #, etc. Florida City & State Zip 33414 Country usa	
3. Date Incorporated or Qualified 06/10/1992		3a. Date of Last Report 05/01/1996	
4. FEI Number 65-0396526		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent FOSTER, MARY KATHLEEN 11420 FORTUNE CR I-13 WEST PALM BEACH FL 33414		10. Name and Address of New Registered Agent 81 Name Same 82 13650 Columbine Ave 83 84 City Wellington FL 85 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 <i>Mary K Foster</i> (NOTE: Registered Agent signature required when reinstating) DATE			
12. OFFICERS AND DIRECTORS			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
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 on an attachment with an address			

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0306001

CR2E034 (9/96)