## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # V49249 (8)						
KYN CO.					I BJÁIN ÁIÐAÞ ÁI BHÁ BISHA BIÐAN GAÐAN JÐAN	
Principal Place of Business		Mailing Address				
1507 MANGO SARASOTA FL 32237 US		1507 MANGO AVE SARASOTA FL 34237 US			T	
•		•		<ol> <li>Date tricorporated or Qualified 07/06/1992</li> </ol>	<b>3a.</b> Date of East Report <b>06/29/1995</b>	
<del></del>	lace of Business	2a. Mailing Address		4. FEI Number	Applied For	
Suite, Apt #, etc		Suite Apt #, etc.		65-0341143	Not Applicable	
22		27		5. Certificate of Status Desired	Fee Required	
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be	
23 Z <sub>ID</sub>	Country	<b>28</b>	Country	Trust Fund Contribution	Added to Fees	
24	25	I— I	30	8. This corporation has liability for it Florida Statutes	rtangible tax under s 199,032; Yes No	
	9. Name and Address of Curre	ent Registered Agent		10. Name and Address of New Rec	gistered Agent	
	ITH, VIOLA		81 Name			
3765 LAKE BAYSHORE			82 Street Add	82 Street Address (P.O. Box Number is No; Acceptable)		
	ITE H-311		83			
DR	ADENTON FL 34205		84 City		<b>85</b> Zip Code	
· 					- <b>FL</b>   -	
l office or re	edistered agent, or both, in the Stat	e o' Horida. Such chande was au	ithorized by the corporati	oration submits this statement for the pu on's board of directors. I hereby accept	rpose of changing its registered the appointment as registered	
-	m familiar with, and accept the obli	gations of, Section 607.0505, Flor	ida Statutes.	,		
SIGNATURE	Signature Typed or ported in one of my librers a	gerst and the Tappistable (NO)E	6- gelen d'Agost signature requi	red when renalish gu	[pATg	
12.	OFFICERS A	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC		
TITLE	D	DELETE	11 TITLE		Change Addition	
NAME STREET ADDRESS	SMITH, VIOLA 3765 LAKE BAYSHORE H-3	44	1.2 NAME 1.3 STREET ADDRESS			
CITY - ST - ZIP	BRADENTON FL	11	1.4 CITY - ST-ZIP			
TITLE		DELETE	2 1 TITLE		Change Addition	
NAME			2 2 NAME			
STREET ADDRESS			2 3 STREET ADDRESS			
CITY-ST-ZIP		DEL CEC	2 4 CITY - ST - ZIP			
TITLE NAME			3 1 TrTLE		Change Addition	
STREET ADDRESS			3.3 STREET ADDRESS			
CITY - ST - ZIP			3.4 CITY - SI - ZIP			
TITLE	•	DELETE	4 1 117LE .	90000190	4993ange Addition	
NAME			4 2 NAME	-07/25/960110	00048	
STREET ADDRESS			4.3 STREET ADDRESS	***225.00		
CITY-ST-ZIP		DE EE	4.4 C/TY - ST - Z/P			
TITLE		DELETE	51 TITLE		Change Addition	
NAME STREET ADDRESS			5.2 NAME 5.3 STREET ADDRESS	aha		
CITY - ST - ZIP			5.4 CiTY - ST - 7IP	UUU / 1-91	101110 307 C/LUT	
TITLE		DELETE	6 1 TiTLE		An - Trongan Agnus	
NAME			6.2 NAME	Faru	Arora/Bio Hagan	
STREET ADDRESS			6 3 STREET ADDRESS	•	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
CITY-ST-ZIP			6.4 CiTY - ST. ZIP			
14. I do hereb	by certify that the information suppli	ed with this filing is voluntarily fur	nished and does not qual	lify for the exemption stated in Section 1	19 07(3)(k), Florida Statutes	

14. Figure 14 do nereby 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 other or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617. Florida Statutes, and that my name appears in Brock 12 or Block 13 if changed, or only attachment with an address

SIGNATURE:

SIGNATURE:

SIGNATURE SIGNATURE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR