

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morburn  
Secretary of State  
DIVISION OF CORPORATIONS

**APPROVED AND FILED**  
95 MAY -1 PM 10:03  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **V51922 (5)**  
1. Corporation Name  
**K.M.E., INC.**

Principal Place of Business Mailing Address  
**2310 EDWARD ROAD PALM BEACH GARDENS FL 33410**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21 <b>68 YACHT Club Dr</b>		26 <b>68 Yacht Club Dr</b>		<b>07/09/1992</b>	<b>04/26/1994</b>
22 Suite, Apt. #, etc. <b># 4</b>		27 Suite, Apt. #, etc. <b># 4</b>		4. FEI Number	Applied For / Not Applicable
23 City & State <b>North Palm Beach FL</b>		28 City & State <b>North Palm Beach FL</b>		5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
24 Zip <b>33408</b>	25 Country <b>Palm Beach</b>	29 Zip <b>33408</b>	30 Country <b>Palm Beach</b>	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 checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>KNIGHT, MILDRED E</b> <b>2310 EDWARD ROAD</b> <b>PALM BEACH GARDENS FL 33410</b>				B1 Name			
				B2 Street Address (P.O. Box Number is Not Acceptable)			
				B3			
				B4 City			
				<b>FL</b>			

*New Address ↑*

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 \_\_\_\_\_ DATE \_\_\_\_\_  
(Signature typed in printed name of registered agent and the address) (NOTE: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KNIGHT, MILDRED E</b>	1.2 NAME	
STREET ADDRESS	<b>2310 EDWARD ROAD</b>	1.3 STREET ADDRESS	
CITY, ST, ZIP	<b>PALM BEACH GDNS FL</b>	1.4 CITY, ST, ZIP	
TITLE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY, ST, ZIP		2.4 CITY, ST, ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY, ST, ZIP		3.4 CITY, ST, ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY, ST, ZIP		4.4 CITY, ST, ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY, ST, ZIP		5.4 CITY, ST, ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY, ST, ZIP		6.4 CITY, ST, ZIP	

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 110.07(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 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: *Mildred E. Knight* **MILDRED E. KNIGHT**  
(Signature typed in printed name of signing officer or director)  
 Date: 4-25-95 407-627-3297  
(Date) (Phone #)