

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

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**Apr 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
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DOCUMENT # V54038 (7)

1. Corporation Name: **K.T.K. ENTERPRISES, INC.**



Principal Place of Business 8400 NW 26TH DR. CORAL SPGS FL 33065 US	Mailing Address 8400 NW 26TH DR. CORAL SPGS FL 33065-5309 US
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3. Date Incorporated or Qualified 07/21/1992	3a. Date of Last Report 05/01/1996
4. FEI Number 65-0504602	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for Intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip Country	28. Zip Country
24. Zip	29. Zip
25. Country	30. Country

9. Name and Address of Current Registered Agent

**KESTER, BARBARA
8400 NW 26TH DR.
~~THIRD FLOOR~~
CORAL SPGS FL 33065**

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	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: *Barbara Kester, President* (Signature, typed or printed name of registered agent and title if applicable) **BARBARA KESTER, PRESIDENT** (NOTE: Registered Agent signature required when re-registering) DATE: **4/15/97**

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	KESTER, BARBARA	
STREET ADDRESS	8400 NW 26TH DR. CORAL SPGS FL	
CITY - ST - ZIP		
TITLE	VP	<input type="checkbox"/> DELETE
NAME	KESTER, KELLY L.	
STREET ADDRESS	8400 NW 26TH DR. CORAL SPGS FL	
CITY - ST - ZIP		
TITLE	VP	<input type="checkbox"/> DELETE
NAME	KESTER, TIMOTHY	
STREET ADDRESS	8400 NW 26TH DR. CORAL SPGS FL	
CITY - ST - ZIP		
TITLE	ST	<input type="checkbox"/> DELETE
NAME	KESTER, RICHARD M.	
STREET ADDRESS	8400 NW 26TH DR. CORAL SPGS FL	
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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: *Barbara Kester, President* **BARBARA KESTER P. 4/15/97** DATE: **4/15/97** DAYTIME PHONE: **954-753-1838**

CR2E034 (9/96)