

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

47-182

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P95000008679 (9)

1. Corporation Name
KATHLEEN A. KNOX, P.A.



Principal Place of Business: 2824 N 34TH AVENUE HOLLYWOOD FL 33021
Mailing Address: 2824 N 34TH AVENUE HOLLYWOOD FL 33021

3. Date Incorporated or Qualified: 01/30/1995
3a. Date of Last Report
4. FEI Number
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

2. Principal Place of Business (21-24)
2a. Mailing Address (25-28)
21-24: Suite, Apt. #, etc., City & State, Zip, Country
25-28: Suite, Apt. #, etc., City & State, Zip, Country

9. Name and Address of Current Registered Agent
SWART, HARRY J
717 E OAK STREET
KISSIMMEE FL 34744

10. Name and Address of New Registered Agent (81-85)
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 607.0503, Florida Statutes.

SIGNATURE: [Signature] Signature typed or printed name of registered agent and Florida address (if not Registered Agent signature required when registering) DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	KNOX, KATHLEEN A	
STREET ADDRESS	2824 N 34TH AVE	
CITY - ST - ZIP	HOLLYWOOD FL 33021	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
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		
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	

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AEB
5-1-96

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 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 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] KATHLEEN A. KNOX
DATE: 4/25/96
TELEPHONE: 305-985-8515

CR2E034 (12/95)

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Secretary of State
DIVISION OF CORPORATIONS

Pg. 2 of 2

DOCUMENT # P95000008679

1. Corporation Name

Kathleen A. Knox, P.A.

Principal Place of Business

2824 N 34th Avenue
Hollywood, FL 33021

Mailing Address

717 East Oak Street
Kissimmee, FL 34744

3. Date Incorporated or Qualified

01/30/95

3a. Date of Last Report:

2. Principal Place of Business

21 Suite, Apt. #, etc

2a. Mailing Address

26 Suite, Apt. #, etc

4. FEI Number

59-3301750

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes Yes No

9. Name and Address of Current Registered Agent

Harry J. Swart, CPA
717 East Oak Street
Kissimmee, FL 34744

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 with the Corporation)

(Not to be signed by registered agent when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE: D
NAME: Kathleen A. Knox
STREET ADDRESS: 2824 N 34th Avenue
CITY-ST-ZIP: Hollywood, FL 33021

TITLE: [] DELETE
NAME: []
STREET ADDRESS: []
CITY-ST-ZIP: []

TITLE: [] DELETE
NAME: []
STREET ADDRESS: []
CITY-ST-ZIP: []

TITLE: [] DELETE
NAME: []
STREET ADDRESS: []
CITY-ST-ZIP: []

TITLE: [] DELETE
NAME: []
STREET ADDRESS: []
CITY-ST-ZIP: []

TITLE: [] DELETE
NAME: []
STREET ADDRESS: []
CITY-ST-ZIP: []

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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: []

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 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 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 as an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kathleen A. Knox
KATHLEEN A. KNOX

4/25/96 305-985-8515

CR2E034 (12/95)