

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

FILED

Apr 03 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 # 333077 (6)  
1. Corporation Name  
KEVIN R. CO.



Principal Place of Business  
~~505 BERRIMAN STREET~~  
~~BROOKLYN NY 11208~~  
Five Orchard St  
Glen Head, N.Y. 11545

Mailing Address  
~~505 BERRIMAN STREET~~  
~~BROOKLYN NY 11208~~  
Five Orchard St  
Glen Head, N.Y. 11545

3. Date Incorporated or Qualified 07/29/1968  
3a. Date of Last Report 06/24/1996  
4. FEI Number 23-1706736  
Applied For Not Applicable  
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 Five Orchard St.  
Suite, Apt. #, etc.  
22  
City & State  
23 Glen Head, N.Y.  
Zip 11545 Country U.S.A.  
24  
2a. Mailing Address  
26 Five Orchard St  
Suite, Apt. #, etc.  
27  
City & State  
28 Glen Head, N.Y.  
Zip 11545 Country U.S.A.  
29 30

9. Name and Address of Current Registered Agent  
~~CALAMARI, HENRY~~  
~~21545 CAMPO ALLEGRO DR~~  
~~BOCA RATON FL 33433~~  
CALAMARI, HENRY  
21545 CAMPO ALLEGRO DR  
BOCA RATON, FL 33433

10. Name and Address of New Registered Agent  
81 Name RAYMOND M. CALAMARI  
82 Street Address (P.O. Box Number is Not Acceptable) FIVE ORCHARD ST  
83  
84 City State Zip Code Glen Head FL

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, am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *Raymond M. Calamari* 2/24/97  
Signature and Title of Newly Registered Agent and Title, if applicable (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PLS	1.1 TITLE	Pres. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CALAMARI, RAYMOND M	1.2 NAME	CALAMARI, RAYMOND M.
STREET ADDRESS	505 BERRIMAN STREET	1.3 STREET ADDRESS	FIVE ORCHARD ST
CITY-ST-ZIP	BROOKLYN NY 11208	1.4 CITY-ST-ZIP	Glen Head, N.Y. 11545
TITLE	ST	2.1 TITLE	Secy/Treas. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CALAMARI, HENRY JR.	2.2 NAME	CALAMARI, LEONARD
STREET ADDRESS	21545 CAMPO ALLEGRO DRIVE	2.3 STREET ADDRESS	FIVE ORCHARD ST
CITY-ST-ZIP	BOCA RATON FL 33433	2.4 CITY-ST-ZIP	Glen Head, N.Y. 11545
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	300002133273
STREET ADDRESS		5.3 STREET ADDRESS	-04/04/97--01003--006
CITY-ST-ZIP		5.4 CITY-ST-ZIP	***165.00
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 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. 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: *Raymond M. Calamari* 2/24/97 511 759-3630

CR2E034 (9/96)