FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **J79933** **(4)**

1. Corporation Name

KAD ENTERPRISES, INC.

Principal Place of Business
5636 SWIFT RD.
SARASOTA FL 34231

Mailing Address
5636 SWIFT RD.
SARASOTA FL 34231

3. Date Incorporated or Qualified: **06/24/1987**

3a. Date of Last Report: **02/22/1995**

4. FEI Number: **59-2813050** ☐ 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 is authority for unemployment tax under s. 199.032, Florida Statutes. XX Yes ☐ No

2. Principal Place of Business
21 2881 Clark Road
Suite, Apt. #, etc.
22 Unit 19
City & State
23 Sarasota, FL.
Zip 24 34231-6200 County 25 Sarasota

2a. Mailing Address
26 2881 Clark Road
Suite, Apt. #, etc.
27 Unit 19
City & State
28 Sarasota, FL.
Zip 29 34231-6200 County 30 Sarasota

9. Name and Address of Current Registered Agent

DIXON, DONALD
5636 SWIFT RD.
SARASOTA FL 34231

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 name 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 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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	DIXON, DONALD		12 NAME	
STREET ADDRESS	1845 LIVINGSTONE ST		13 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL		14 CITY ST ZIP	
TITLE	STD	☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	GREEN, KEVIN E.		22 NAME	
STREET ADDRESS	5802 98 AVE NORTH		23 STREET ADDRESS	
CITY-ST-ZIP	PINELLAS PARK FL		24 CITY ST ZIP	
TITLE		☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME			32 NAME	
STREET ADDRESS			33 STREET ADDRESS	
CITY-ST-ZIP			34 CITY ST ZIP	
TITLE		☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME			42 NAME	
STREET ADDRESS			43 STREET ADDRESS	
CITY-ST-ZIP			44 CITY ST ZIP	
TITLE		☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME			52 NAME	
STREET ADDRESS			53 STREET ADDRESS	
CITY-ST-ZIP			54 CITY ST ZIP	
TITLE		☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME			62 NAME	
STREET ADDRESS			63 STREET ADDRESS	
CITY-ST-ZIP			64 CITY ST ZIP	

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14. I do hereby certify that the information supplied with this filing is true, and 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: X _____ Donald Dixon 02/10/1996 941-922-9114

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) (DATE) (TELEPHONE NUMBER)

CR2E034 (12/95)