


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 04, 2004 8:00 am**  
**Secretary of State**

05-04-2004 90204 044 \*\*\*150.00

**DOCUMENT # P01000014905**

1. Entity Name  
**KCE CORPORATION**




Principal Place of Business      Mailing Address

755 BOARDMAN-CANFIELD RD.  
 SOUTHBRIDGE WEST, BLDG. K-1  
 YOUNGSTOWN, OH 44512

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 YOUNGSTOWN, OH 44512

**DO NOT WRITE IN THIS SPACE**

71000107



04052004    No Chg-P    CR2E034 (10/03)

4. FEI Number <b>34-1952446</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

SAUTTER, C. CHRISTIAN ESQ.  
~~2900 E. OAKLAND PARK BLVD., SUITE 200~~  
~~FT. LAUDERDALE, FL 33306~~  
 2850 North Andrews Ave  
 Ft. Lauderdale FL 33311

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.        **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	KOSAR, BERNARD J JR.
STREET ADDRESS	2672 RIVIERA MANOR
CITY-ST-ZIP	WESTON, FL 33332
TITLE	D
NAME	EPSTEIN, DAVID L
STREET ADDRESS	8151 W. PETERS RD.
CITY-ST-ZIP	PLANTATION, FL 33324
TITLE	D
NAME	COHEN, ALAN P
STREET ADDRESS	3320 FAIRFIELD LANE
CITY-ST-ZIP	WESTON, FL 33331
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** \_\_\_\_\_ **4/24/04**    **330-629-9822**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #