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SECRETARY OF STATE TALLAHASSEE, FLORIDA

COMPANIES
ANNUAL REPORT
1995



DEPARTMENT OF REVENUE
Florida Division
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P33801 (2)

K, K FANTASY, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business: 1231 DOUGLAS AVE., LONGWOOD FL 32779
Mailing Address: 1231 DOUGLAS AVE., LONGWOOD FL 32779

3. Date Incorporated or Qualified: 04/29/1991
3a. Date of Last Report: 02/28/1994
4. FEI Number: 58-1433338
5. Certificates 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
2a. Mailing Address: 26
22. Suite, Apt. #, etc.: 27
23. City & State: 28
24. City & State: 29
25. Country: 30

9. Name and Address of Current Registered Agent
LUNA, MYRTHA
1111 GATOR LANE
WINTER SPRING FL 32708

10. Name and Address of New Registered Agent
B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City
B5 Zip Code: 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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ DATE: _____
(NOTE: Registered Agent Signature required when resigning)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
CP NAME: HIRAO, KOICHIRO STREET ADDRESS: 5001 STONO PLANTATION CITY, ST, ZIP: HOLLYWOOD SC	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
V NAME: HIRAO, MINAKO STREET ADDRESS: 5001 STONO PLANTATION CITY, ST, ZIP: HOLLYWOOD SC	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
S NAME: WIGGINS, RICHARD M. STREET ADDRESS: 500 N. MCPHERSON CHURCH CITY, ST, ZIP: FAYETTEVILLE NC	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 191.02(3)(b), Florida Statutes. I further certify that the information is included 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 and signed by an officer or director of the corporation or by an authorized person empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 1, 2 or Block 10 of change of, or on an attachment with an address.

SIGNATURE: _____ DATE: 3/24/95 407-P62-5111
SIGNATURE AND TYPE ON PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR