

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P95000041446 (2)**

1. Corporation Name

P-3 KIROUAC, INC.



Principal Place of Business

**117 N. RIDGEWOOD DR.
SEBRING FL 33870**

Mailing Address

**117 N. RIDGEWOOD DR.
SEBRING FL 33870**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

9. Name and Address of Current Registered Agent

**KIROUAC, PAMELA J
117 N. RIDGEWOOD DR.
SEBRING FL 33870**

3. Date Incorporated or Qualified
05/26/1995

3a. Date of Last Report

4. FEI Number

05-0585754

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

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 607.0102 and 607.1501, 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature of Registered Agent

Signature of Agent for Change of Registered Office

Date

12. OFFICERS AND DIRECTORS

TITLE DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP DELETE

TITLE DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP DELETE

TITLE DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP DELETE

TITLE DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP DELETE

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CITY-ST-ZIP DELETE

TITLE DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP DELETE

TITLE DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE Change Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP Change Addition

15 TITLE Change Addition

16 NAME

17 STREET ADDRESS

18 CITY-ST-ZIP Change Addition

19 TITLE Change Addition

20 NAME

21 STREET ADDRESS

22 CITY-ST-ZIP Change Addition

23 TITLE Change Addition

24 NAME

25 STREET ADDRESS

26 CITY-ST-ZIP Change Addition

27 TITLE Change Addition

28 NAME

29 STREET ADDRESS

30 CITY-ST-ZIP Change Addition

31 TITLE Change Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP Change Addition

35 TITLE Change Addition

36 NAME

37 STREET ADDRESS

38 CITY-ST-ZIP Change Addition

39 TITLE Change Addition

40 NAME

41 STREET ADDRESS

42 CITY-ST-ZIP Change Addition

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 of this filing, or on an attachment with an address.

SIGNATURE: *Pamela J. Kirouac*

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PAMELA J. KIROUAC

2/22/96 (941) 382-6655

CR2E034 (12/95)