

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **S76466** (9)

1. Corporation Name
THE K.A.A. BETA CORPORATION



Principal Place of Business: **5904 SPRING LAKE DR LAKELAND FL 33811**
Mailing Address: **5904 SPRING LAKE DR LAKELAND FL 33811**

3. Date Incorporated or Qualified: **08/28/1991** 3a. Date of Last Report: **04/20/1995**
4. FLI Number: **59-3089676** 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, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30
21 Suite, Apt. #, etc.
22 City & State
23 Zip Country
24 Zip Country

9. Name and Address of Current Registered Agent

**KENT, GAYLE S
5904 SPRING LAKE DRIVE
LAKELAND FL 33811**

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-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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS DELETE

TITLE: **PST**
NAME: **KENT, GAYLE S**
STREET ADDRESS: **5904 SPRING LAKE DR**
CITY-STATE-ZIP: **LAKELAND FL**

TITLE: DELETE
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE: Change Addition
12 NAME:
13 STREET ADDRESS:
14 CITY-STATE-ZIP:

2.1 TITLE: Change Addition
22 NAME:
23 STREET ADDRESS:
24 CITY-STATE-ZIP:

3.1 TITLE: Change Addition
32 NAME:
33 STREET ADDRESS:
34 CITY-STATE-ZIP:

4.1 TITLE: Change Addition
42 NAME:
43 STREET ADDRESS:
44 CITY-STATE-ZIP:

5.1 TITLE: Change Addition
52 NAME:
53 STREET ADDRESS:
54 CITY-STATE-ZIP:

6.1 TITLE: Change Addition
62 NAME:
63 STREET ADDRESS:
64 CITY-STATE-ZIP:

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 if changed, or on an attachment with an address.

SIGNATURE: *Gayle S. Kent, President*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-1-96 (941) 1644-8889
DATE DAYTIME PHONE #

CR2E034 (12/95)