

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

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **V42860** (9)

1. Corporation Name
KAPPA INVESTMENTS, INC.

Principal Place of Business: **908 S DELANEY AVE ORLANDO FL 32806-1275 US**
Mailing Address: **P.O. BOX 568821 ORLANDO FL 32356-8821 US**

95 MAY - 1 11:03:15

SECRET
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date incorporated or qualified 06/10/1992	3a. Date of Last Report 03/14/1994
21		26		4. FEI Number 59-3126756	Applied For <input type="checkbox"/> Not Applicable
22. State, Apt. #, etc.		27. State, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24. City	25. State	29. City	30. State	8. This corporation has liability for intangible tax under § 199.002, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CARTER, DARYL M. 908 SOUTH DELANEY AVE. ORLANDO FL 32806				01	Name		
				02	Street Address (P.O. Box Number is Not Acceptable)		
				03			
				04	City		
				05	Zip Code		
				FL			

11. Pursuant to the provisions of Sections 607.0502 and 607.1504, 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 of person named as registered agent) _____ (Signature of registered agent) _____ (Signature of corporation)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP POITRAS, PATRICIA T. 198 HIGHLAND HOLLISTON MA	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2. NAME	
STREET ADDRESS		3. STREET ADDRESS	
CITY, ST, ZIP		4. CITY, ST, ZIP	
TITLE	DST POITRAS, KAY G. 27B MOORE RD. HAINES CITY FL	5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6. NAME	
STREET ADDRESS		7. STREET ADDRESS	
CITY, ST, ZIP		8. CITY, ST, ZIP	
TITLE	VP CARTER, MAURY L. 908 S. DELANEY AVE ORLANDO FL	9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		10. NAME	
STREET ADDRESS		11. STREET ADDRESS	
CITY, ST, ZIP		12. CITY, ST, ZIP	
TITLE	AS CARTER, DARYL M. 908 S. DELANEY AVE ORLANDO FL	13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		14. NAME	
STREET ADDRESS		15. STREET ADDRESS	
CITY, ST, ZIP		16. CITY, ST, ZIP	
TITLE		17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		18. NAME	
STREET ADDRESS		19. STREET ADDRESS	
CITY, ST, ZIP		20. CITY, ST, ZIP	

14. I, the undersigned, certify that the information contained with this filing is voluntarily furnished and does not qualify for the exemption status for Section 113.07(1)(b), 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 the report as required by Chapter 407, Florida Statutes, and that my name appears in Block 32 or Block 33 of this report or on an attachment with an address.

SIGNATURE: *[Signature]*
Daryl M. Carter, Asst Secretary
Apr 25 95
407/422-3144