FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

FILED
Jan 28 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1998

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

DOCUMENT # 329200 (0)

1. Corporation Name
KAYJO, INC.

Principal Place of Business	Mailing Address
71 HARBOR DR. KEY BISCAYNE FL 33149	166 HARBOR DRIVE 6 KEY BISCAYNE FL 33149

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
04/23/1968

2. Principal Place of Business
21

2a. Mailing Address
26

Suite, Apt. #, etc
22

Suite, Apt. #, etc.
27

City & State
23

City & State
28

Zip 24 | Country 25

Zip 29 | Country 30

4. FEI Number
59-1219280
☐ 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

LANCASTER, CPA. K
50 W MASHTA DRIVE
SUITE 6
KEY BISCAYNE FL 33149

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	RICE, MICHAEL C		1.2 NAME		
STREET ADDRESS	325 REDWOOD LANE		1.3 STREET ADDRESS		
CITY-ST-ZIP	KEY BISCAYNE FL 33149		1.4 CITY-ST-ZIP		
TITLE	VPD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	RYAN, ROBIN J		2.2 NAME		
STREET ADDRESS	1470 LAKEVIEW ROAD		2.3 STREET ADDRESS		
CITY-ST-ZIP	EUSTIS FL 32726		2.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	TIWARI, LESLIE		3.2 NAME		
STREET ADDRESS	1717 N. BAYSHORE DRIVE, APT. 2538		3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33132		3.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	RHEW, PRISCILLA J		4.2 NAME		
STREET ADDRESS	2610 BIRD AVE.		4.3 STREET ADDRESS		
CITY-ST-ZIP	COCUNUT GROVE FL 33133		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	RHEW, EDWIN E		5.2 NAME		
STREET ADDRESS	1115 BROOKVIEW DRIVE		5.3 STREET ADDRESS		
CITY-ST-ZIP	BRENTWOOD TN 37027		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	RHEW, RUSSELL		6.2 NAME		
STREET ADDRESS	4024 NESTLEDOWN DR.		6.3 STREET ADDRESS		
CITY-ST-ZIP	FRANKLIN TN 37064		6.4 CITY-ST-ZIP		

CR2E034 (10/97)

14. 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 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: Michael Rice BE REQUIRE Michael Rice 1/8/97 (305) 361 2108
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0212860