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

PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 24, 1999 8:00 am
Secretary of State
02-24-1999 90041 042 ***150.00

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DOCUMENT # 329200

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 Qualifed: 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 / Country 24 / 25	Zip / Country 29 / 30

4. FEI Number: 59-1219280 ☐ Applied For ☐ Not Applicable

5. Certifcate 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 the current year Intangible Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
LANCASTER, CPA. K 50 W MASHTA DRIVE SUITE 6 KEY BISCAYNE FL 33149	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	1444 GROVE STREET	
CITY-ST-ZIP	EUSTIS FL 32726		2.4 CITY-ST-ZIP	EUTIS, FL 32726	
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 (11/98)

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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED Michael Rice President 1/4/99 3053615953
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #