

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

FILED
May 07, 1999 8:00 am
Secretary of State

05-07-1999 90111 049 ***150.00

US 4/250

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # F97000002325

1. Corporation Name
KANSAS KENYA CORPORATION



Principal Place of Business
 3410 MILL RD
 SHEBOYGAN WI 53083
 US

Mailing Address
 3410 MILL RD
 SHEBOYGAN WI 53083
 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 21 Suite, Apt. #, etc.
 22 City & State
 23 Zip
 24 Country

2a. Mailing Address
 26 Suite, Apt. #, etc.
 27 City & State
 28 Zip
 29 Country

3. Date Incorporated or Qualified
 05/01/1997

4. FEI Number
 48-0922224

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 the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324

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		
TITLE	PC	<input type="checkbox"/> DELETE
NAME	EBERSOLE, JEFFERY J	
STREET ADDRESS	W4444 HIGHWAY 32	
CITY-ST-ZIP	ELKHART LAKE WI 53020	
TITLE	VVC	<input type="checkbox"/> DELETE
NAME	HASKINS, PAUL R JR	
STREET ADDRESS	N 8598 HWY 42	
CITY-ST-ZIP	CLEVELAND WI 53015	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	DIXON, GARY D	
STREET ADDRESS	3624 S SCHOOL AVE	
CITY-ST-ZIP	APPLETONE WI 54915	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	HOLTSCRAW, BENNIE C	
STREET ADDRESS	ROUTE 1, BOX 39	
CITY-ST-ZIP	CEDAR POINT KS 66843	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Arlen L Pegg	
3.3 STREET ADDRESS	2328 W. Hiawatha Dr	
3.4 CITY-ST-ZIP	Appleton, WI 54914	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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: Arlen Pegg SIGNATURE REQUIRED: Arlen Pegg Date: 4/8/99 Default Phone #: (920) 452-5058

CR2E034 (11/98)