

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



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

PROFIT CORPORATION ANNUAL REPORT

1999 Amendment

DOCUMENT # H80301

1. Corporation Name
 Gtd of the Kus, Inc

Principal Place of Business
 91200 Overseas Hwy
 Tavernier, FL 33070

Mailing Address
 PO Box 601
 Tavernier, FL 33070

FILED
 99 OCT 11 PM 12: 54
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 21. 91200 Overseas Hwy
 Suite, Apt. #, etc.
 22. City & State
 23. Tavernier, FL
 Zip
 24. 33070 Country
 25. USA

2a. Mailing Address
 26. PO Box 601
 Suite, Apt. #, etc.
 27. City & State
 28. Tavernier, FL
 Zip
 29. 33070 Country
 30. USA

3. Date Incorporated or Qualified
 11/85
 4. FEI Number
 59-2593831 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 the current year intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

William F Jerome
 396 So. Colonnade Palm Blvd
 Tavernier, FL 33070

10. Name and Address of New Registered Agent

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83 500003024385-6
 -10/25/99--01131--002
 84 City
 ***61.50 FL ***61.50

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	Sandra J. Jerome
STREET ADDRESS		1.3 STREET ADDRESS	396 So. Colonnade Palm Blvd.
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Tavernier, FL 33070
TITLE	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	V. Pres Howard Kolbenhofer
STREET ADDRESS		2.3 STREET ADDRESS	10 Seaside Ave
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Ken Largo FL 33087
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	William F Jerome
STREET ADDRESS		3.3 STREET ADDRESS	396 So. Colonnade Palm Blvd
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Tavernier, FL 33070
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	Treasurer William F Jerome
STREET ADDRESS		4.3 STREET ADDRESS	396 So. Colonnade Palm Blvd
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Tavernier, FL 33070
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

4. 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: William F. Jerome 10/4/99 305-852-8940
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)

SP