

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

FILED
Mar 24, 1999 8:00 am
Secretary of State

03-24-1999 90069 034 ***158.75

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000097480

1. Corporation Name
KYLIN ELECTRIC, INC.



Principal Place of Business 621 VAUGHN RD PORT ORANGE FL 32127 US	Mailing Address P O BOX 290792 PORT ORANGE FL 32129-0792 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 934 Sandcrest Dr	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Port Orange FL	City & State 28
Zip 24 32127	Country 25
Country 29	Zip 30

3. Date Incorporated or Qualified 11/26/1996	
4. FEI Number 59-3416178	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

LEUZINGER, SHARON M
621 VAUGHN RD
PORT ORANGE FL 32127

10. Name and Address of New Registered Agent

81 Name Leuzinger, Sharon		
82 Street Address (P.O. Box Number is Not Acceptable) 934 Sandcrest Dr		
83		
84 City Port Orange	85 State FL	86 Zip Code 32127

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 Sharon M. Leuzinger Sharon M. Leuzinger 2-28-99
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating.)

12. OFFICERS AND DIRECTORS

TITLE	DVP <input type="checkbox"/> DELETE
NAME	LEUZINGER, KERRY A
STREET ADDRESS	621 VAUGHN RD
CITY-ST-ZIP	PORT ORANGE FL 32127
TITLE	DP <input type="checkbox"/> DELETE
NAME	LEUZINGER, SHARON M
STREET ADDRESS	621 VAUGHN RD
CITY-ST-ZIP	PORT ORANGE FL 32127
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	934 Sandcrest Dr
1.4 CITY-ST-ZIP	PORT ORANGE FL 32127
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	934 Sandcrest Dr.
2.4 CITY-ST-ZIP	PORT ORANGE, FL 32127
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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 Sharon M. Leuzinger 2/28/99 904-788-8778
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (11/98)