

AMOUNT DUE ON OR BEFORE 09/19/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE \$750)

PROFIT CORPORATION ANNUAL REPORT 1999

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



FILED

99 OCT -1 PM 12:22

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

DOCUMENT # P98000104565
 1. Corporation Name
KASPER HOMES, INC.

Principal Place of Business: 2326 W. TENNESSEE ST. TALLAHASSEE FL 32316
 Mailing Address: 2326 W. TENNESSEE ST. TALLAHASSEE FL 32316

2. Principal Place of Business: 2326 W. TENNESSEE ST. TALLAHASSEE FL 32316
 2a. Mailing Address: 2326 W. TENNESSEE ST. TALLAHASSEE FL 32316
 21. Suite, Apt. #, etc.
 22. City & State: Tallahassee FL
 23. Zip: 32303 Country: US
 24. 25. 26. 27. 28. 29. 30.

3. Date Incorporated or Qualified: 12/17/1998
 4. FEI Number: 59-3550336 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: Yes No

9. Name and Address of Current Registered Agent
MANAUSA, DANIEL E
 3520 THOMASVILLE RD., 4TH FLOOR
 TALLAHASSEE FL 32308

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 renouncing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KASPER, ROBERT LEE	1.2 NAME	
STREET ADDRESS	2626 W. TENNESSEE ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32316	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KASPER, ADAM JAY	2.2 NAME	
STREET ADDRESS	2626 W. TENNESSEE ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32316	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KASPER, JOSH DAVID	3.2 NAME	
STREET ADDRESS	2626 W. TENNESSEE ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32316	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KASPER, SHERRI	4.2 NAME	
STREET ADDRESS	2626 W. TENNESSEE ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32316	4.4 CITY-ST-ZIP	
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	

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: _____ SIGNATURE REQUIRED _____ 9/29/99
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/99)