


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

FILED
Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90194 023 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **852800**

1. Corporation Name
KAZMAIER ASSOCIATES, INC.



Principal Place of Business 676 ELM ST CONCORD MA 01742	Mailing Address 676 ELM ST CONCORD MA 01742
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21		2a. Mailing Address 26		3. Date Incorporated or Qualified 05/06/1982	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 04-2604321	
City & State 23		City & State 28		Applied For Not Applicable	
Zip 24		Country 25		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 29		Country 30		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 type="checkbox"/> No	

9. Name and Address of Current Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301		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

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	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAZMAIER, RICHARD W., JR.	1.2 NAME	
STREET ADDRESS	100 ANCHOR DRIVE #29	1.3 STREET ADDRESS	
CITY-ST-ZIP	KEY LARGO FL	1.4 CITY-ST-ZIP	
TITLE	TV <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUGGINS, CHARLES E. JR.	2.2 NAME	
STREET ADDRESS	54 HAWTHORNE LANE	2.3 STREET ADDRESS	
CITY-ST-ZIP	CONCORD MA	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAZMAIER, PATRICIA H.	3.2 NAME	
STREET ADDRESS	100 ANCHOR DRIVE #29	3.3 STREET ADDRESS	
CITY-ST-ZIP	KEY LARGO FL	3.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARMKNECT, RICHARD F	4.2 NAME	Director
STREET ADDRESS	51 PLAINFIELD RD.	4.3 STREET ADDRESS	Armknect, Richard F., Jr.
CITY-ST-ZIP	CONCORD MA	4.4 CITY-ST-ZIP	51 Plainfield Road
TITLE	VS <input type="checkbox"/> DELETE	5.1 TITLE	Concord, MA 01742
NAME	RUXIN, ROBERT H.	5.2 NAME	
STREET ADDRESS	8 LARCHMONT LN	5.3 STREET ADDRESS	
CITY-ST-ZIP	LEXINGTON MA	5.4 CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODIS COSTAS C	6.2 NAME	
STREET ADDRESS	125 BROOK ST.	6.3 STREET ADDRESS	
CITY-ST-ZIP	WELLESLEY MA	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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/22/99 (978) 371-1732
Date Daytime Phone #

CR2E034 (11/98)