FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

96 JUN 11 AM 10:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # F94000005765 (2)

1. Corporation Name
KAF-TECH, INC.

Principal Place of Business
12435 73rd Court North
Largo, FL 34643

Mailing Address
55 Samuel Barnet Boulevard
New Bedford, MA 02745

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualified: 11/07/1994
3a. Date of Last Report: 4/26/95
4. FEI Number: 04-3245920 [ ] 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 has liability for taxes imposed by Chapter(s) of Florida Statutes. [ ] Yes [X] No

9. Name and Address of Current Registered Agent
WOLF, LARRY
200-A JOHN KNOX ROAD
TALLAHASSEE, FL 32303-6643

10. Name and Address of New Registered Agent
81 Name: CORPORATION SERVICE COMPANY
82 Street Address (P.O. Box Number is Not Acceptable): 1201 HAYS STREET
83
84 City: TALLAHASSEE FL 85 Zip Code: 32301

11. Pursuant to the provisions of Sections 617.0502 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 that position as provided for in Section 607.0505, Florida Statutes.

SIGNATURE: Raymond B. Rozan
(If changing Registered Agent, Registered Agent must sign)

12. OFFICERS AND/OR DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	PD [X] Change [ ] Addition
NAME	CRUMP, HARRY M.	12 NAME	WHEELER, ROBERT R.
STREET ADDRESS	155 WOODBRIDGE DRIVE	13 STREET ADDRESS	55 SAMUEL BARNET BOULEVARD
CITY-ST-ZIP	EAST GREENWICH, RI 02818	14 CITY-ST-ZIP	NEW BEDFORD, MA 02745
TITLE	STD	21 TITLE	[ ] Change [ ] Addition
NAME	KELLER, RAYMOND H.	22 NAME	
STREET ADDRESS	999 MAIN STREET	23 STREET ADDRESS	
CITY-ST-ZIP	WARREN, RI 02885	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	[X] Change [ ] Addition
NAME	PAPITTO, RALPH R.	32 NAME	
STREET ADDRESS	6963 S.E. ISLE WAY	33 STREET ADDRESS	6863 S.E. ISLE WAY
CITY-ST-ZIP	STEWART, FL 34996	34 CITY-ST-ZIP	STEWART, FL 34996
TITLE		41 TITLE	[ ] Change [ ] Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	[ ] Change [ ] Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	[ ] Change [ ] Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 added above with an address.

SIGNATURE: Raymond H. Keller
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Raymond H. Keller 4/29/96 508-998-1131