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

PROFIT CORPORATION ANNUAL REPORT **1998**

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

FILED
Oct 05 1998 8:00am
Secretary of State

DOCUMENT # **J38161** **(2)**

1. Corporation Name

KISS-COTE, INC.

Principal Place of Business

12515 SUGAR PINE WAY
TAMPA FL 33624

Mailing Address

12515 SUGAR PINE WAY
TAMPA FL 33624

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/14/1986

4. FEI Number
59-2750807
[ ] 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 or has paid the current year Intangible Personal Property Tax due June 30. [ ] Yes [ ] No

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

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

9. **Name and Address of Current Registered Agent**

POTTS, BETTE K
2149 MCGREGOR BLVD #1
SUITE 500
FT MYERS FL 33901

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

TITLE	D	[ ] DELETE
NAME	KENT, DR. KEITH	
STREET ADDRESS	12515 SUGAR PINE WAY	
CITY-ST-ZIP	TAMPA FL	
TITLE	PST	[ ] DELETE
NAME	KENT, C. RENEE	
STREET ADDRESS	12515 SUGAR PINE WAY	
CITY-ST-ZIP	TAMPA FL	
TITLE	AP	[ ] DELETE
NAME	MILLER, GEORGE	
STREET ADDRESS	736 GOULD AVE.,#18	
CITY-ST-ZIP	HERMOSA BCH. CA	
TITLE	S	[ ] DELETE
NAME	POTTS, BETTE K	
STREET ADDRESS	2149 MCGREGOR BLVD. #1 SUITE 50	
CITY-ST-ZIP	FT. MYERS FL 33901	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		[ ] Change [ ] Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		[ ] Change [ ] Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		[ ] Change [ ] Addition
3.2 NAME	800002658705	
3.3 STREET ADDRESS	-10/08/98--01011--018	
3.4 CITY-ST-ZIP	***1100.00	
4.1 TITLE		[ ] Change [ ] Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		[ ] Change [ ] Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		[ ] Change [ ] Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

LS 10/5

CR2E034 (10/97)

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: Kent Kent Keith Kent 6/1/98 813-962-2703