


FILE NOW: Fee after May 1, will be \$588.75

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS			
FILING FEE \$ 203.75		Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE			
1. Name and Mailing Address of Limited Liability Company KRYPTX, I.C. 7606 PISSEPRO DRIVE NUMBER 302 ORLANDO FL 32819		DOCUMENT #L96000000840			
1a. Principal Place of Business Address 7606 PISSEPRO DRIVE NUMBER 302 ORLANDO FL 32819		FILED 97 MAY -6 PM 12: 56 SECRETARY OF STATE TALLAHASSEE, FLORIDA			
If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.					
2. Principal Place of Business 2572 Robert Trent Jones Dr Suite, Apt. #, etc. 1226 City & State Orlando, FL Zip 32835 Country USA		2a. Mailing Address 14 Cloverwood Dr Suite, Apt. #, etc. City & State Brockport, NY Zip 14420 Country USA			
3. Date Organized or Qualified 08/05/1996		3a. State of Formation FL			
4. FEI Number 59-3395110		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable			
5. Date of Last Report New		6. Certificate of Status Desired <input checked="" type="checkbox"/> No Additional Fee Required			
7. Name and Address of Current Registered Agent HAGE, MICHAEL JOSEPH 7606 PISSEPRO DRIVE NUMBER 302 ORLANDO FL 32819		8. Name and Address of New Registered Agent Name Hage, Michael Joseph Street Address (P.O. Box Number is Not Acceptable) 2572 Robert Trent Jones Dr Suite, Apt. #, etc. #1226 City Orlando Zip Code FL 32835			
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company 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 affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations. SIGNATURE <u><i>Michael Hage</i></u> (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating) DATE 4/26/97					
10. Title Managing Members/Managers		Business Street Address			
City, State and Zip Code					
MGRM HAGE, MICHAEL JOSEPH		7606 PISSEPRO DRIVE ROOM 2572 Robert Trent Jones Dr.		ORLANDO FL 32835	
MGRM HAGE, PAMELA M		14 CLOVERWOOD DRIVE		BROCKPORT NY 14420	
				300002178543--8 -05/14/97--01094--018 ****203.75 ****203.75	
11. I do 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address. SIGNATURE: <u><i>Michael Hage</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date 4/26/97 Daytime Phone # 407-298-1225					