
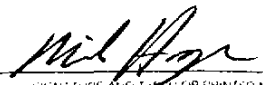


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
ANNUAL REPORT 1999			
FILING FEE \$ 188.75		Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE	
1. Name and Mailing Address of Limited Liability Company KRYPTX, L.C. 14 CLOVERWOOD DRIVE BROCKPORT NY 14420		DOCUMENT # 196000000840	
2. Principal Place of Business 8301 Elm Park Dr. Suite, Apt. #, etc. #632 City & State Orlando, FL Zip 32821 Country U.S.		2a. Mailing Address 14 Cloverwood Dr. Suite, Apt. #, etc. Brockport, N.Y. City & State Zip 14420 Country U.S.	
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 04/10/1998		6. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/>	
7. Name and Address of Current Registered Agent HAGE, MICHAEL JOSEPH 2572 ROBERT TRENT JONES DR. #1226 ORLANDO FL 32835		8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) 8301 Elm Park Drive Suite, Apt. #, etc. Apt 632 City Orlando Zip Code FL 32821	
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 _____ DATE _____ <small>(Registered Agent Accepting Appointment) (NOTE: Registered Agent's signature required when reappointing)</small>			
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	HAGE, MICHAEL JOSEPH	2572 ROBERT TRENT JONES DR	ORLANDO FL
MGRM	HAGE, PAMELA M	14 CLOVERWOOD DRIVE	BROCKPORT NY
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: 		3/28/99 407-397-6405	