

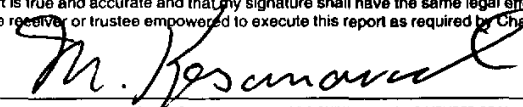


2nd and
FINAL NOTICE: File on or before Sept. 29, 1999 or Limited Liability Company will be dissolved.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS											
FILED 99 AUG 30 AM 8:30 SECRETARY OF STATE TALLAHASSEE, FLORIDA													
FILING FEE \$ 588.75		Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee + \$400.00 Late Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE											
1 Name and Mailing Address of Limited Liability Company DOCUMENT # L98000000537 KAFOR, L.C. 2663 FEROL LANE LYNN HAVEN FL 32444		1a. Principal Place of Business Address 2663 FEROL LANE LYNN HAVEN FL 32444											
2 Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country											
3. Date Organized or Qualified 04/29/1998		3a. State of Formation FL											
4. FEI Number		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable											
5. Date of Last Report		6. Certificate of Status Desired <input type="checkbox"/> Good Standing <input type="checkbox"/> Not in Good Standing											
7. Name and Address of Current Registered Agent KOSANOVICH, MILAN 2663 FEROL LANE LYNN HAVEN FL 32444		8. Name and Address of New Registered Agent/Office <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td colspan="2">Name</td></tr><tr><td colspan="2">Street Address (P.O. Box Number is Not Acceptable) 600002977616--2</td></tr><tr><td colspan="2">Suite, Apt. #, etc. -09/02799--01097--004</td></tr><tr><td colspan="2">City FL</td></tr><tr><td colspan="2">Zip Code 32444</td></tr></table>		Name		Street Address (P.O. Box Number is Not Acceptable) 600002977616--2		Suite, Apt. #, etc. -09/02799--01097--004		City FL		Zip Code 32444	
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City FL													
Zip Code 32444													
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 _____											
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)													
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code										
MGR	KOSANOVICH, MILAN	2663 FEROL LANE	LYNN HAVEN FL										
													
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: 		Date _____ Daytime Phone # _____											
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER													