


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

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Mar 22, 1999 8:00 am
Secretary of State

03-22-1999 90041 015 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # M85808

1. Corporation Name
K.NO.B.S. TECHNOLOGIES, INC.

Principal Place of Business
**912 S.W. 101 TERRACE
PEMBROKE PINES FL 33025**

Mailing Address
**912 S.W. 101 TERRACE
PEMBROKE PINES FL 33025**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 2750 NE 29 Street Suite, Apt. #, etc.		2a. Mailing Address 26 2750 NE 29 Street Suite, Apt. #, etc.		3. Date Incorporated or Qualified 06/16/1988	
22 City & State Ft. Lauderdale FL		27 City & State Ft. Lauderdale FL		4. FEI Number 65-0056883	
23 Zip 33306		29 Zip 33306		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 Country USA		30 Country USA		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent KASPER, ERIC 912 SW 101 TER PEMBROKE PINES FL 33025				10. Name and Address of New Registered Agent 81 Name Kasper, Eric 82 Street Address (P.O. Box Number is Not Acceptable) 2750 NE 29 Street 83 84 City Ft. Lauderdale FL 85 Zip Code 33306	

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.

Eric Kasper President

DATE

3/19/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KASPER, ERIC	1.2 NAME	KASPER, ERIC
STREET ADDRESS	912 S.W. 101 TERRACE	1.3 STREET ADDRESS	2750 NE 29 Street
CITY-ST-ZIP	PEMBROKE PINES FL 33025	1.4 CITY-ST-ZIP	Ft. Lauderdale FL 33306
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE:

Eric Kasper President

3/19/99

9545679780

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR05034 1/1/00