

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

FILED
Apr 30 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # P92000014575 (4)

1. Corporation Name
KYNIO, INC.



Principal Place of Business: **2833 KERRY FOREST PARKWAY TALLAHASSEE FL 32308 US**
 Mailing Address: **P.O. BOX 13561 TALLAHASSEE FL 32317**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **12/29/1992**
 4. FEI Number: **59-3155807**
 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 **9053 Eagles Ridge Dr.**
 Suite, Apt. #, etc.
 22
 City & State: **Tallahassee, Florida**
 23
 Zip: **32312** Country: **U.S.A.**
 24 25
 26 27
 28 29 30

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

9. Name and Address of Current Registered Agent
KYNIO, STEPHEN J
9053 EAGLES RIDGE DRIVE
TALLAHASSEE FL 32312

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]* DATE: **4/29/98**

12. OFFICERS AND DIRECTORS
 TITLE: **PVTS** DELETE
 NAME: **KYNIO, STEPHEN**
 STREET ADDRESS: **9053 EAGLES RIDGE DRIVE**
 CITY-ST-ZIP: **TALLAHASSEE FL**
 TITLE: **D** DELETE
 NAME: **KYNIO, STEPHEN**
 STREET ADDRESS: **9053 EAGLES RIDGE DRIVE**
 CITY-ST-ZIP: **TALLAHASSEE FL**
 TITLE: DELETE
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:
 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
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP
 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

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*****150.00**

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: *[Signature]* DATE: **4/29/98** **850-668-4917**

CR2E034 (10/97)