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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000031793

1. Corporation Name
KEMP IONISOR, INC.



Principal Place of Business: 1 FLORIDA PARK DR. S. SUITE #112 PALM COAST FL 32137 US
Mailing Address: 1 FLORIDA PARK DR. S. SUITE #112 PALM COAST FL 32137 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
05/03/1993

2. Principal Place of Business: 21 1 Hargrove Grade Suite, Apt. #, etc. Suite 1B City & State: Palm Coast, FL Zip: 32137 Country: USA
2a. Mailing Address: 26 1 Hargrove Grade Suite, Apt. #, etc. Suite 1B City & State: Palm Coast, FL Zip: 32137 Country: USA

4. FEI Number: 98-0136277 Applied For: Not Applicable

5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Election Campaign Financing: \$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax: Yes No

9. Name and Address of Current Registered Agent: KJELL LARSSON 1 FLORIDA PK DR. SO. SUITE 112 PALM COAST FL 32137

10. Name and Address of New Registered Agent: 81 Name: Kjell Larsson 82 Street Address (P.O. Box Number is Not Acceptable): 1 Hargrove Grade 83 Suite 1B 84 City: Palm Coast FL 85 Zip Code: 32137

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: Kjell Larsson DATE: 4/27/99

Table with 4 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Rows for Larsson, Kjell and Larsson, Eva.

Table with 4 columns: 1.1 TITLE, 1.2 NAME, 1.3 STREET ADDRESS, 1.4 CITY-ST-ZIP. Rows for 1.1-1.4 and 2.1-2.4.

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: [Signature] DATE: 4/27/99 TELEPHONE: (904) 446-1955

CR2E034 (1/98)