

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
 CORPORATION
 ANNUAL REPORT
1996



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

DOCUMENT # P93000078930 (3)

1. Corporation Name

KAOS, INC.

Principal Place of Business

Mailing Address

5291 82ND AVE N
 PINELLAS PARK FL 34665

5291 82ND AVE N
 PINELLAS PARK FL 34665



2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt #, etc

Suite, Apt #, etc

22

27

City & State

City & State

23

28

Zip 25 Country 29

Zip 33781 Country 30

3. Date Incorporated or Qualified

11/15/1993

3a. Date of Last Report

05/01/1995

Applied For
 Not Applicable

4. FEI Number

59-3225024

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Election Campaign Financing
 Trust Fund Contribution

\$5.00 May Be
 Added to Fees

7. This corporation has liability for intangible tax under s. 199.032.
 Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

**HEDGES, HENRY C
 5291 82ND AVE N
 PINELLAS PARK FL 34665**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL 85 Zip Code
 33781**

10. Name and Address of New Registered Agent

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, Type or Print Name of Registered Agent or Title (if applicable) (NOTE: Registered Agent Signature required when re-registering)

DATE: _____

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D DELETE
 NAME **HEDGES, HENRY C**
 STREET ADDRESS **5291 82ND AVE N**
 CITY-ST-ZIP **PINELLAS PARK FL 34665**

1.1 TITLE Change Addition
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP 33781

TITLE S DELETE
 NAME **KELLEHER, PAM**
 STREET ADDRESS **5291 82ND AVE N**
 CITY-ST-ZIP **PINELLAS PARK FL**

2.1 TITLE Change Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP 33781

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

3.1 TITLE Change Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

6.1 TITLE Change Addition
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPE OR PRINT NAME OF SIGNING OFFICER OR DIRECTOR

17-6-96 813-546-6127
 Digital Photo

CR2E034 (3/96)