

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

FILED
Jan 22 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000067981 (8)
1. Corporation Name
KYCOR LTD. INC.



Principal Place of Business 7729 APPLE TREE CIRCLE ORLANDO FL 32819	Mailing Address 7729 APPLE TREE CIRCLE ORLANDO FL 32819
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 9241 HIDDEN BAY LANE Suite, Apt. #, etc. 22 City & State 23 ORLANDO, FL Zip 24 32819		2a. Mailing Address 26 9241 HIDDEN BAY LANE Suite, Apt. #, etc. 27 City & State 28 ORLANDO, FL Zip 29 32819		3. Date Incorporated or Qualified 09/12/1994 4. FEI Number 59-3267394 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
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9. Name and Address of Current Registered Agent MALONE, JOHN B 7729 APPLE TREE CIRCLE ORLANDO FL 32819		10. Name and Address of New Registered Agent 81 Name MALONE, JOHN B. 82 Street Address (P.O. Box Number is Not Acceptable) 9241 HIDDEN BAY LANE 83 84 City ORLANDO, FL 85 Zip Code 32819	
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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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MALONE, JOHN B	1.2 NAME	
STREET ADDRESS	7729 APPLE TREE CIRCLE	1.3 STREET ADDRESS	9241 HIDDEN BAY LANE
CITY-ST-ZIP	ORLANDO FL 32819	1.4 CITY-ST-ZIP	ORLANDO, FL 32819
TITLE	VPSD	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MALONE, DONNA P	2.2 NAME	
STREET ADDRESS	7729 APPLE TREE CIRCLE	2.3 STREET ADDRESS	9241 HIDDEN BAY LANE
CITY-ST-ZIP	ORLANDO FL 32819	2.4 CITY-ST-ZIP	ORLANDO, FL 32819
TITLE		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		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		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		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.

SIGNATURE:

 (JOHN B. MALONE) 1/11/98 407-876-4780

CR2E034 (10/97)