


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

**APPROVED
AND
FILED**

97 AUG -7 AM 9:59

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000005991 (1)
 1. Corporation Name
KASPER GROUP, INC.



Principal Place of Business 2626 WEST TENNESSEE ST TALLAHASSEE FL 32304	Mailing Address 2626 WEST TENNESSEE ST TALLAHASSEE FL 32304
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip 32304	25 Country
29 Zip 32304	30 Country

3. Date Incorporated or Qualified 01/24/1995	3a. Date of Last Report 07/24/1996
4. FEI Number 59-3291007	Applied For <input type="checkbox"/> Not Applicable
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	

9. Name and Address of Current Registered Agent
KASPER, ROBERT
2404 OXFORD RD
TALLAHASSEE FL 32304

10. Name and Address of New Registered Agent
 81 Name **Kasper Robert**
 82 Street Address (P.O. Box Number is Not Acceptable)
322 meadowbrook
 83
 84 City **Tallahassee** FL 85 Zip Code **32304**

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	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P KASPER, ROBERT	1.2 NAME	
STREET ADDRESS	2404 OXFORD RD	1.3 STREET ADDRESS	322 meadowbrook
CITY-ST-ZIP	TALLAHASSEE FL 32304	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	S KASPER, JOSHUA	2.2 NAME	
STREET ADDRESS	663 INDUSTRIAL	2.3 STREET ADDRESS	700002264777--3
CITY-ST-ZIP	TALLAHASSEE FL 32310	2.4 CITY-ST-ZIP	-08/12/97--01071--005
TITLE	<input type="checkbox"/> DELETE	2.5 CITY-ST-ZIP	****195.00 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.1 TITLE	T ADAM KASPER
STREET ADDRESS		3.2 NAME	2626 WEST TENNESSEE STREET
CITY-ST-ZIP		3.3 STREET ADDRESS	Tallahassee, FL. 33021
TITLE	<input type="checkbox"/> DELETE	3.4 CITY-ST-ZIP	
NAME		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		4.2 NAME	
CITY-ST-ZIP		4.3 STREET ADDRESS	
TITLE	<input type="checkbox"/> DELETE	4.4 CITY-ST-ZIP	
NAME		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		5.2 NAME	
CITY-ST-ZIP		5.3 STREET ADDRESS	
TITLE	<input type="checkbox"/> DELETE	5.4 CITY-ST-ZIP	
NAME		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		6.2 NAME	8/18/11
CITY-ST-ZIP		6.3 STREET ADDRESS	
TITLE	<input type="checkbox"/> DELETE	6.4 CITY-ST-ZIP	

14. I do 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: **Robert Kasper** Robert Kasper 7/27/92 (904) 576-8700

CR2E034 (4/97)