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

PROFIT CORPORATION ANNUAL REPORT

1999

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

FILED
99 MAR 15 PM 2:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000006098

1. Corporation Name

KOSKI KLOCK KOMPANY, INC.

Principal Place of Business
29703 67TH STREET NORTH
CLEARWATER, FL 33761

Mailing Address
29703 67th STREET NORTH
CLEARWATER, FL 33761

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
1-17-1996

4. FEI Number
59-3357001
[ ] 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 the current year Intangible Personal Property Tax [ ] Yes [X] No

2. Principal Place of Business
21 29703 67TH ST N
Suite, Apt. #, etc.
22
City & State
23 CLEARWATER FL
Zip 24 33761 Country 25 USA

2a. Mailing Address
26 29703 67TH ST N
Suite, Apt. #, etc.
27
City & State
28 CLEARWATER FL
Zip 29 33761 Country 30 USA

9. Name and Address of Current Registered Agent

W. DENNIS KOSKI
29703 67th STREET NORTH
CLEARWATER, FL 33761

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

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's signature required for filing) DATE

12. OFFICERS AND DIRECTORS

TITLE	P,D	[ ] DELETE
NAME	W. DENNIS KOSKI	
STREET ADDRESS	29703 67TH STREET NORTH	
CITY-ST-ZIP	CLEARWATER FL 33761	
TITLE	S,D	[ ] DELETE
NAME	PEGGY KOSKI	
STREET ADDRESS	29703 67TH STREET NORTH	
CITY-ST-ZIP	CLEARWATER FL 33761	
TITLE	VP,D	[ ] DELETE
NAME	RYAN KOSKI	
STREET ADDRESS	29703 67TH STREET NORTH	
CITY-ST-ZIP	CLEARWATER, FL 33761	
TITLE	T,D	[ ] DELETE
NAME	JARRETT KOSKI	
STREET ADDRESS	29703 67TH STREET NORTH	
CITY-ST-ZIP	CLEARWATER, FL 33761	
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

11 TITLE		[ ] Change [ ] Add
12 NAME		
13 STREET ADDRESS		
14 CITY-ST-ZIP		
21 TITLE		[ ] Change [ ] Add
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE		[ ] Change [ ] Add
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		[ ] Change [ ] Add
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		[ ] Change [ ] Add
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		[ ] Change [ ] Add
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

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****150.00 ****150.00

CR2E034 (11/98)

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: W. Dennis Koski W. Dennis Koski 3-10-99 (727) 789-4286
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #