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PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000011460 (8)

1. Corporation Name
KIRINYAGA, INC.

Principal Place of Business
4694-F MIDDLEBROOK ROAD
ORLANDO FL 32811-1

Mailing Address
4694-F MIDDLEBROOK ROAD
ORLANDO FL 32811-3007

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

RESNICK, MICHAEL D
4694-F MIDDLEBROOK ROAD
ORLANDO FL 32811

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 signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE D RESNICK, MICHAEL D [] DELETE

NAME
STREET ADDRESS
CITY- ST- ZIP
4694-F MIDDLEBROOK ROAD
ORLANDO FL 32811

TITLE D RESNICK, CAROL [] DELETE

NAME
STREET ADDRESS
CITY- ST- ZIP
4694-F MIDDLEBROOK ROAD
ORLANDO FL 32811-1

TITLE [] DELETE

NAME [] DELETE

STREET ADDRESS [] DELETE

CITY- ST- ZIP [] DELETE

TITLE [] DELETE

NAME [] DELETE

STREET ADDRESS [] DELETE

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CITY- ST- ZIP [] DELETE

TITLE [] DELETE

NAME [] DELETE

STREET ADDRESS [] DELETE

CITY- ST- ZIP [] DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE [] Change [] Addition

1.2 NAME [] Change [] Addition

1.3 STREET ADDRESS [] Change [] Addition

1.4 CITY- ST- ZIP [] Change [] Addition

2.1 TITLE [] Change [] Addition

2.2 NAME [] Change [] Addition

2.3 STREET ADDRESS [] Change [] Addition

2.4 CITY- ST- ZIP [] Change [] Addition

3.1 TITLE [] Change [] Addition

3.2 NAME [] Change [] Addition

3.3 STREET ADDRESS [] Change [] Addition

3.4 CITY- ST- ZIP [] Change [] Addition

4.1 TITLE [] Change [] Addition

4.2 NAME [] Change [] Addition

4.3 STREET ADDRESS [] Change [] Addition

4.4 CITY- ST- ZIP [] Change [] Addition

5.1 TITLE [] Change [] Addition

5.2 NAME [] Change [] Addition

5.3 STREET ADDRESS [] Change [] Addition

5.4 CITY- ST- ZIP [] Change [] Addition

6.1 TITLE [] Change [] Addition

6.2 NAME [] Change [] Addition

6.3 STREET ADDRESS [] Change [] Addition

6.4 CITY- ST- ZIP [] Change [] Addition

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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

M. D. Resnick

6-26-97 407-299-2711

CR2E034 (9/96)