

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

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Mar 04, 1999 8:00 am  
Secretary of State

03-04-1999 90146 011 \*\*\*150.00

* PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P96000047374			
1. Corporation Name KASIA, INC.			
Principal Place of Business 43 NORTH ST. ANDREWS DR ORMOND BEACH FL 32174		Mailing Address 43 NORTH ST. ANDREWS DR ORMOND BEACH FL 32174	
2. Principal Place of Business		2a. Mailing Address	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.	
22 City & State		27 City & State	
23 Zip Country		28 Zip Country	
24		29	
25		30	
9. Name and Address of Current Registered Agent			
MCLAUGHLIN, KATHRYN E 43 NORTH ST, ANDREWS DR ORMOND BEACH FL 32174			
10. Name and Address of New Registered Agent			
81 Name POWELL, KATHRYN E.			
82 Street Address (P.O. Box Number is Not Acceptable) 43 NORTH SAINT ANDREWS DRIVE			
83			
84 City ORMOND BEACH FL 85 Zip Code 32174			
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 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 <i>Kathryn E. Powell</i> DATE Jan. 5, 1999			
(NOTE: Registered Agent signature required when reinstating)			
12. OFFICERS AND DIRECTORS			
1.1 TITLE DPST			
1.2 NAME MCLAUGHLIN, KATHRYN E			
1.3 STREET ADDRESS 43 NORTH ST, ANDREWS DR			
1.4 CITY-ST-ZIP ORMOND BEACH FL 32174			
2.1 TITLE			
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE			
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE			
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE			
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE			
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 05/28/1996	
4. FEI Number 59-3382891	Applied For 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 the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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: *Kathryn E. Powell* DATE: Jan. 5, 1999 (904) 677-2661

CR2E034 (11/98)