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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000079484

1. Corporation Name
KOZY ENTERPRISES, INC.

Principal Place of Business 825 CENTER ST. BUILDING 56-D JUPITER FL 33458	Mailing Address 825 CENTER ST. BUILDING 56-D JUPITER FL 33458
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 50 Chapel Ct. Suite, Apt. #, etc. 22 City & State 23 Tequesta, FL Zip Country 24 33469 25 USA		2a. Mailing Address 26 50 Chapel Ct. Suite, Apt. #, etc. 27 City & State 28 Tequesta, FL Zip Country 29 33469 30 USA		3. Date Incorporated or Qualified 09/23/1996		4. FEI Number 65-0713034 Applied For Not Applicable	
9. Name and Address of Current Registered Agent BRAMS, DANIEL J 1645 PALM BEACH LAKES BLVD, SUITE 1050 WEST PALM BEACH FL 33401				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 signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST MESSENGER, JASON 825 CENTER ST, BUILDING 56-D JUPITER FL 33458	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	PV messenger, jason 50 Chapel Ct. Tequesta, FL 33469
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MESSENGER, JASON 825 CENTER ST, BUILDING 56-D JUPITER FL 33458	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	ST messenger, Gina 50 Chapel Ct. Tequesta, FL 33469
TITLE NAME STREET ADDRESS CITY-ST-ZIP		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 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, with all other like empowered.

SIGNATURE:

Gina Messenger - Gina Messenger

3-3-99

561-747-7332

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)