


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

**FILED**  
**May 17, 1999 8:00 am**  
**Secretary of State**

05-17-1999 90045 002 \*\*\*150.00

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P97000021335</b>					
1. Corporation Name <b>KILIAN MANAGEMENT INCORPORATED</b>					
Principal Place of Business <b>3451 SE FAIRWAY WEST STUART FL 34997</b>			Mailing Address <b>3451 SE FAIRWAY WEST STUART FL 34997</b>		
2. Principal Place of Business 21 <b>3744 S.E. FAIRWAY EAST</b> Suite, Apt. #, etc.		2a. Mailing Address 26 <b>3744 S.E. FAIRWAY EAST</b> Suite, Apt. #, etc.		3. Date Incorporated or Qualified <b>03/03/1997</b>	
23 <b>STUART, FLORIDA</b> City & State		27 <b>STUART, FLORIDA</b> City & State		4. FEI Number <b>52-2033838</b> Applied For Not Applicable	
24 <b>34997</b> Zip		29 <b>34997</b> Zip		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
25 Country		30 Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
9. Name and Address of Current Registered Agent <b>KILIAN, FRANK J 3451 SE FAIRWAY WEST STUART FL 34997</b>				8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
10. Name and Address of New Registered Agent 81 Name <b>KILIAN, FRANK J.</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>3744 S.E. FAIRWAY EAST</b> 83 84 City <b>STUART</b> FL 85 Zip Code <b>34997</b>					
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____</small>					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE <input type="checkbox"/> DELETE NAME <b>PD KILIAN, FRANK J</b> STREET ADDRESS <b>3451 SE FAIRWAY WEST</b> CITY-ST-ZIP <b>STUART FL 34997</b>			1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS <b>3744 S.E. FAIRWAY EAST</b> 1.4 CITY-ST-ZIP <b>STUART, FL 34997</b>		
TITLE <input type="checkbox"/> DELETE NAME <b>VD KILIAN, DEBBIE B</b> STREET ADDRESS <b>3451 SE FAIRWAY WEST</b> CITY-ST-ZIP <b>STUART FL 34997</b>			2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS <b>3744 S.E. FAIRWAY EAST</b> 2.4 CITY-ST-ZIP <b>STUART, FL 34997</b>		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 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: \_\_\_\_\_

*Frank J. Kilian*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-99

410-543-1073

Date

Daytime Phone #