

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

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000021335

1. Corporation Name
KILIAN MANAGEMENT INCORPORATED

Principal Place of Business 3451 SE FAIRWAY WEST STUART FL 34997	Mailing Address 3451 SE FAIRWAY WEST STUART FL 34997
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 3744 S.E. FAIRWAY EAST Suite, Apt. #, etc.	2a. Mailing Address 26 3744 S.E. FAIRWAY EAST Suite, Apt. #, etc.
22 City & State 23 STUART, FLORIDA	27 City & State 28 STUART, FLORIDA
24 Zip 34997 25 Country	29 Zip 34997 30 Country

3. Date Incorporated or Qualified 03/03/1997	
4. FEI Number 52-2033838	Applied For <input type="checkbox"/> 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**KILIAN, FRANK J
3451 SE FAIRWAY WEST
STUART FL 34997**

10. Name and Address of New Registered Agent

81 Name KILIAN, FRANK J.
82 Street Address (P.O. Box Number is Not Acceptable) 3744 S.E. FAIRWAY EAST
83
84 City STUART FL 85 Zip Code 34997

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE PD	<input type="checkbox"/> DELETE
NAME KILIAN, FRANK J	
STREET ADDRESS 3451 SE FAIRWAY WEST	
CITY-ST-ZIP STUART FL 34997	
TITLE VD	<input type="checkbox"/> DELETE
NAME KILIAN, DEBBIE B	
STREET ADDRESS 3451 SE FAIRWAY WEST	
CITY-ST-ZIP STUART FL 34997	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS 3744 S.E. FAIRWAY EAST	
1.4 CITY-ST-ZIP STUART, FL 34997	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS 3744 S.E. FAIRWAY EAST	
2.4 CITY-ST-ZIP STUART, FL 34997	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 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	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 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, Pres 4-23-99 410-543-1073
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #