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FILED
May 18 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P97000042959 (1)

1. Corporation Name
KYLIN-KASEY, INC.

Principal Place of Business
5401 RIVEREDGE DRIVE
TITUSVILLE FL 32780

Mailing Address
5401 RIVEREDGE DRIVE
TITUSVILLE FL 32780



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 5401 RIVEREDGE DR	26 P.O. Box 5843
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State TITUSVILLE FL	28 City & State TITUSVILLE FL
24 Zip 32780	29 Zip 32783
25 Country FLORIDA	30 Country FLORIDA

3. Date Incorporated or Qualified 05/14/1997
4. FEI Number 59-3445338
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 or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent COLLIER, DARALYN D 5401 RIVEREDGE DRIVE TITUSVILLE FL 32780	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL
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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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VTD	1.1 TITLE	
NAME	COLLIER, MARK	1.2 NAME	
STREET ADDRESS	5401 RIVEREDGE DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	TITUSVILLE FL 32780	1.4 CITY-ST-ZIP	
TITLE	SD	2.1 TITLE	
NAME	THOMSON, KIERON	2.2 NAME	
STREET ADDRESS	5401 RIVEREDGE DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	TITUSVILLE FL 32780	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	
NAME	COLLIER, DARALYN D	3.2 NAME	
STREET ADDRESS	5401 RIVEREDGE DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	TITUSVILLE FL 32780	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 in an attachment with an address.

SIGNATURE: Mark Collier, Daralyn Collier 4/24/98 407-268-2218

CR2E034 (10/97)