

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

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000078826 (9)

1. Corporation Name
KAIZEN SOLUTIONS, INC.

Principal Place of Business
830 SHADOW RIDGE DRIVE
PENSACOLA FL 32514

Mailing Address
830 SHADOW RIDGE DRIVE
PENSACOLA FL 32514

REINSTATEMENT
FILED

98 NOV 24 PM 3:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

3. Date Incorporated or Qualified
09/11/1997

2. Principal Place of Business 21 7100 PLANTATION BLVD. Suite, Apt. #, etc. 22 UNIT 2 City & State 23 PENSACOLA, FL Zip 24 32504	2a. Mailing Address 26 7100 PLANTATION BLVD. Suite, Apt. #, etc. 27 UNIT 2 City & State 28 PENSACOLA, FL Zip 29 32504	Country 25 U.S.A. 30 U.S.A.
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4. FEI Number 59-3467581	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 or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
AMERILAWYER-CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent
81 Name KATHRYN K. WELLS
82 Street Address (P.O. Box Number is Not Acceptable)
7100 PLANTATION BLVD. UNIT 2
83
84 City PENSACOLA FL 85 Zip Code 32504

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 Kathryn Wells DATE 11/19/98
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	WELLS, KATHRYN K
STREET ADDRESS	830 SHADOW RIDGE DRIVE
CITY-ST-ZIP	PENSACOLA FL 32514
TITLE	VD
NAME	COWAN, LARRY K
STREET ADDRESS	830 SHADOW RIDGE DRIVE
CITY-ST-ZIP	PENSACOLA FL 32514
TITLE	STD
NAME	ENDBURG, CATHERINE
STREET ADDRESS	830 SHADOW RIDGE DRIVE
CITY-ST-ZIP	PENSACOLA FL 32514
TITLE	DIRECTOR
NAME	ROYALME DABBY
STREET ADDRESS	7100 PLANTATION BLVD UNIT 2
CITY-ST-ZIP	PENSACOLA, FL 32504
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 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	
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)(f), 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.

SIGNATURE: Kathryn Wells DATE 11/19/98

CR2E034 (10/97)