


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

FILED  
Mar 16, 1999 8:00 am  
Secretary of State

03-16-1999 90159 007 \*\*\*150.00

0477187

PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000016019			
1. Corporation Name KASTEN MOTORS, INC.			
Principal Place of Business 3400 S TAMiami TRl SUITE 303 SARASOTA FL 34239		Mailing Address 3400 S TAMiami TRl SUITE 303 SARASOTA FL 34239	
2. Principal Place of Business 21 3806 No. US 41 Suite, Apt. #, etc. 22 City & State 23 Palmetto FL Zip 24 34221 Country 25		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30	
9. Name and Address of Current Registered Agent JAENSCH, P. CHRISTOPHER 3400 S TAMiami TRl SUITE 303 SARASOTA FL 34239  no longer Reg. Agent		10. Name and Address of New Registered Agent 81 Name Maik Kasten 82 Street Address (P.O. Box Number is Not Acceptable) 3806 No. US 41 83 84 City Palmetto FL 85 Zip Code 34221	
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 Maik Kasten DATE Maik Kasten (NOTE: Registered Agent signature required when reinstating)			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D NAME KASTEN, MAIK STREET ADDRESS 2623 PROCTOR RD CITY-ST-ZIP SARASOTA FL 34231		1.1 TITLE D, P, T 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	
TITLE D NAME KASTEN, SUSANNE STREET ADDRESS 3390 RAMBLEWOOD PL CITY-ST-ZIP SARASOTA FL 34237		2.1 TITLE D, S 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
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	



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 02/18/1998	
4. FEI Number -65-082753-2	Applied For 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	

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: x Maik Kasten  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date  
Daytime Phone # 3-9-99

CR2E034 (11/98)