


**FILED**  
**May 07, 1999 8:00 am**  
**Secretary of State**

05-07-1999 90180 035 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P98000017065**1. Corporation Name  
**K & U ASSOCIATES, INC.**

Principal Place of Business <b>2506 LAKE ELLEN DRIVE TAMPA FL 33618 5001 E. Silver Springs Blvd Silver Springs, FL 34488</b>	Mailing Address <b>2506 LAKE ELLEN DRIVE TAMPA FL 33618 5001 E. Silver Springs Blvd Silver Springs, FL 34488</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>21 5001 E. Silver Springs Blvd Silver Springs, FL 34488</b>	2a. Mailing Address <b>26 Same as Above</b>	3. Date Incorporated or Qualified <b>02/23/1998</b>	4. FEI Number <b>59-3493839</b>	Applied For <input checked="" type="checkbox"/> Not Applicable
22 City & State <b>FL</b>	27 City & State <b>FL</b>	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
23 Zip <b>34488</b>	28 Zip <b>34488</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
24 Country <b>marion</b>	30 Country	8. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent <b>AMERICAN 343 ALMIRA AVENUE CORAL GABLES FL 33134 Canceled</b>		10. Name and Address of New Registered Agent <b>81 Name CHANDRAKANT F. DASHI 82 Street Address (P.O. Box Number is Not Acceptable) 5001 E. Silver Springs Blvd 83 City Silver Springs FL 85 Zip Code 34488</b>	
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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 **CHANDRAKANT DASHI** (NOTE: Registered Agent signature required when appointing)  
 Signature, typed or printed name of registered agent and title if applicable. DATE **4-24-99**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PD</b>	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>DOSHI, CHANDRAKANT</b>		1.2 NAME	
STREET ADDRESS <b>2506 LAKE ELLEN DRIVE</b>		1.3 STREET ADDRESS	
CITY-ST-ZIP <b>TAMPA FL 33618</b>		1.4 CITY-ST-ZIP	
TITLE <b>STD</b>	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>DOSHI, DARSHANA</b>		2.2 NAME	
STREET ADDRESS <b>2506 LAKE ELLEN DRIVE</b>		2.3 STREET ADDRESS	
CITY-ST-ZIP <b>TAMPA FL 33618</b>		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 on an attachment with an address, with all other like empowered.

SIGNATURE: **CHANDRAKANT DASHI**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-28-99** **352-236-2891**  
 Date Daytime Phone #

CR2E034 (1/98)