P9800,00 28061

SARA SOTA City/State/Z		SECRETARY OF STATE D Office Use Only NUMBER(S), (if known):
1. (Corpo	ration Name)	(Document #)
2. (Corpo	ration Name)	(Document #)
3(Corpo	ration Name)	(Document #)
4(Corpo	ration Name)	(Document #)
	Pick up time Will wait Photoco	□
Profit	Amendment	-07/27/9801121015 *****35.00 *****35.00
NonProfit	Resignation of R.A., Officer	
Limited Liability	Change of Registered Agent	: Add.
Domestication	Dissolution/Withdrawal	
Other	Merger	
Annual Report Fictitious Name Name Reservation	REGISTRATION/ QUALIFICATION Foreign Limited Partnership Reinstatement Trademark Other	A Administration of the Control of t
		Examiner's Initials

CR2E031(1/95)

Florida Department of State, Sandra B. Mortham, Secretary of State

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of FLORIDA submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.
1a. The name of the corporation is: KASSAJ ENTER PRISE CORP
1b. The mailing address of the corporation is: 1651 DeSOTO RD. SARA SOTA FL. 34234
1c. Date of incorporation: $03-23-1998$ Document number: $998-28061$
2. The name and address of the current registered agent and office: ROSEMARY KASSO
The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.
registered agent, as changed, will be identical. Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board. On 22.99
(Signature of an officer, chairman or
(Signature of an officer, chairman or vice chairman of the board) OWNER & President LASZLO KASSAI
(Printed or typed name and title) Having been named as registered agent and to accept service of process for the above stated corporation, I herebyaccept the appointment as registered agent and agree to actin this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.
Roseman Kassai 07-22-1998. (Signature of Registered Agent) (Date)
If signing on behalf of an entity:
ROSEMARY KASSON Usepresident & CO OWNER (Capacity)
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
FILING FEE: \$35.00

CR2EO45(11/94)