

COND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Sep 07, 1999 8:00 am
Secretary of State
09-07-1999 90011 013 ***558.75

DOCUMENT # **P98000059728** ✓
Corporation Name
KIRUN, INC.



Principal Place of Business
**1000 SOUTH TAMiami TRAIL
NORTH PORT FL 34287**

Mailing Address
**14000 SOUTH TAMiami TRAIL
NORTH PORT FL 34287**

DO NOT WRITE IN THIS SPACE

Principal Place of Business 9001 TAMiami TRAIL		2a. Mailing Address 9001 TAMiami TRAIL		3. Date Incorporated or Qualified 07/07/1998	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 65-0848908	
City & State SOUTH VENICE FLORIDA		City & State SOUTH VENICE FLORIDA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
Zip 34293	Country SARASOTA	Zip 34293	Country SARASOTA	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent AMERILAWYER 343 ALMERIA AVENUE CORAL GABLES FL 33134				8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
10. Name and Address of New Registered Agent					
81 Name KAMLESH B. KADIWAR					
82 Street Address (P.O. Box Number is Not Acceptable) 1041 HARBOUR GLEN PLACE					
83					
84 City PUNTA GORDA				85 Zip Code 33983	

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 **BKadiwar** DATE **8/31/99**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
E IE EET ADDRESS /ST-ZIP	PD KADIWAR, KAMLESH B 14000 SOUTH TAMiami TRAIL NORTH PORT FL 34287 <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
E IE EET ADDRESS /ST-ZIP	STD KADIWAR, KAVITA K 14000 SOUTH TAMiami TRAIL NORTH PORT FL 34287 <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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E IE EET ADDRESS /ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE: **BKadiwar** **08/31/99** **941-426-1943**
Signature Required

CR2E034 (5/99)