

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90201 011 ***158.75

DOCUMENT # P98000079920

1. Corporation Name
KIT CONSTRUCTION CORP.

Principal Place of Business
16406 ASHWOOD DRIVE
TAMPA FL 33624

Mailing Address
16406 ASHWOOD DRIVE
TAMPA FL 33624



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		09/16/1998	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		54-3533062	
City & State		City & State		5. Certificate of Status Desired	
23		28		X	
Zip		Zip		6. Election Campaign Financing	
24		29		Trust Fund Contribution	
Country		Country		7. Additional Fee Required	
25		30		\$8.75	
				8. This corporation owes the current year	
				Personal Property Tax.	
				X Yes [] No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
AMERILAWYER 343 ALMERIA AVENUE CORAL GABLES FL 33134		81 Name Chris Dalcherone	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		16406 Ashwood Dr.	
		83	
		84 City Tampa	
		FL 85 Zip Code 33624	

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: *Chris Dalcherone* DATE: 4-27-99
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	1.1 TITLE	
NAME	DALCHERONE, CHRISTOPHER K	1.2 NAME	
STREET ADDRESS	16406 ASHWOOD DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33624	1.4 CITY-ST-ZIP	
TITLE	SVD	2.1 TITLE	
NAME	DALCHERONE, JANET C	2.2 NAME	
STREET ADDRESS	16406 ASHWOOD DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33624	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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(1)(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: *Chris Dalcherone* DATE: 4/27/99 TIME: 8B-264-5537
Signature and typed or printed name of signing officer or director Daytime Phone #

0395636

CR2E034 (11/98)