

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

FILED
Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90256 044 ***150.00

0473974

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # P98000092831

1. Corporation Name

KAYCE, INC.



Principal Place of Business 46 N. WASHINGTON BLVD. #1 SARASOTA FL 34236	Mailing Address 46 N. WASHINGTON BLVD. #1 SARASOTA FL 34236
---	---

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/02/1998

2. Principal Place of Business 21 1858 RINGLING BLVD. Suite, Apt. #, etc. 22 City & State 23 SARASOTA FL Zip 24 34236 Country 25	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30	4. FEI Number 65-0873724 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
---	--	--

9. Name and Address of Current Registered Agent

SHESLER, VICKIE L
46 N. WASHINGTON BLVD. #1
SARASOTA FL 34236

10. Name and Address of New Registered Agent

81 Name PATTERSON, JOHN	85 Zip Code 34236
82 Street Address (P.O. Box Number is Not Acceptable) 46 N. WASHINGTON BLVD., #1	
83	
84 City SARASOTA FL	

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/18/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D XX DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHESLER, VICKIE L	1.2 NAME	
STREET ADDRESS	46 N. WASHINGTON BLVD. #1	1.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34236	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	D/P/T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	SCHROEDER, KLAUS
STREET ADDRESS		2.3 STREET ADDRESS	1858 RINGLING BLVD.
CITY-ST-ZIP		2.4 CITY-ST-ZIP	SARASOTA FL 34236
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	D/VP/S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	SCHROEDER, CHRISTIANE
STREET ADDRESS		3.3 STREET ADDRESS	1858 RINGLING BLVD.
CITY-ST-ZIP		3.4 CITY-ST-ZIP	SARASOTA FL 34236
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/8/99

Date

(941) 365-4617

Daytime Phone #

CR2E034 (11/98)