


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

FILED
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90167 009 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000100074

1. Corporation Name
KAYLEE, INC.

Principal Place of Business 2110 DREW STREET CLEARWATER FL 33765	Mailing Address 2110 DREW STREET CLEARWATER FL 33765
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 2212 Drew Street		2a. Mailing Address 26 2212 DREW STREET		3. Date Incorporated or Qualified 11/24/1998	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 59-3545175	
City & State 23 CLEARWATER, FLORIDA		City & State 28 CLEARWATER, FLORIDA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24 33765		Country 25 PINELAS		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip 29 33765		Country 30 PINELAS		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 CERMINARA, RALPH JAMES 2110 DREW STREET CLEARWATER FL 33765		10. Name and Address of New Registered Agent 81 Name CERMINARA, RALPH JAMES 82 Street Address (P.O. Box Number is Not Acceptable) 2212 DREW STREET 83 84 City CLEARWATER FL 85 Zip Code 33765	
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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 Ralph James Cerminara RA RALPH JAMES CERMINARA PRES FEB 16, 1999
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	<input type="checkbox"/> DELETE	1.1 TITLE PD.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CERMINARA, RALPH JAMES		1.2 NAME CERMINARA, RALPH JAMES	
STREET ADDRESS 2110 DREW STREET		1.3 STREET ADDRESS 2212 DREW STREET	
CITY-ST-ZIP CLEARWATER FL 33765		1.4 CITY-ST-ZIP CLEARWATER, FLORIDA 33765	
TITLE D	<input type="checkbox"/> DELETE	2.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MUSON, MARK		2.2 NAME MUNSON, MARK	
STREET ADDRESS 2110 DREW STREET		2.3 STREET ADDRESS 2212 DREW STREET	
CITY-ST-ZIP CLEARWATER FL 33765		2.4 CITY-ST-ZIP CLEARWATER, FLORIDA 33765	
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: Ralph James Cerminara RA RALPH JAMES CERMINARA, PRESIDENT 1/31/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)