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

Mar 19 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # V10698 (1)KILLINOR CORP. Principal Place of Business Mailing Address 822 N OCEAN BLVD CHRISTINE HORN PA 3469 BOYNTON BEACH BLVD **DELRAY BEACH FL 33444** DO NOT WRITE IN THIS SPACE **BOYNTON BEACH FL 33436** 3. Date Incorporated or Qualified 01/31/1992 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For Not Applicable 58-1980968 21 26 Suite. Apt #. etc. Suite, Apt. #, etc. \$8.75 Additional 6. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Added to Fees 23 28 Trust Fund Contribution Country Zip Country This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent THE PRENTICE HALL CORPORATION SYSTEM, INC. CHRISTINE M. CHRISTINE M. HORN, ESO.
Street Address (P.O. Box Number is Not Acceptable)
3469 WEST BOYNTON BEACH **1201 HAYS ST** 82 SUITE 105 **B3** TALLAHASSEE FL 32301 Zip Code 33436 BOYNTON BEACH 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 (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE PTD 1.1 TITLE Change TITLE SCHNEIDER, TIM 1.2 NAME NAME PRASIDIAL-ANSTALT, AUELESTRASSE 38 STREET ADDRESS 1.3 STREET ADDRESS VADUZ LI CITY-ST-ZIP 1.4 CITY-ST-ZIP Addition DELETE Change TITLE DS 2.1 TITLE RIEDERER, LILIANE NAME 2.2 NAME PRASIDIAL-ANSTALT, AUELESTRASSE 38 STREET ADDRESS 2.3 STREET ADDRESS VADUZ LI CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition 3.1 TITLE EBERSBERG, CHRISTOF NAME 3.2 NAME PRASIDIAL-ANSTALT, AUELESTRASSE 38 STREET ADDRESS 3.3 STREET ADDRESS VADUZ LI CITY-ST-ZIP 3.4. CITY - ST- ZIP DELETE Change ■ Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 43 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition 5 1 TITLE TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADORESS

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 symptomental 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 of 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

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS 6.4 City - St - Zip

6.1 TITLE

6.2 NAME

DELETE

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

March 2, 1998

561-731.2013

Change

Addition

**FILED**