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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # V61914

1. Corporation Name
KCJT, INC.



Principal Place of Business 1840 SOUTH CLYDE MORRIS BLVD. SUITE 40 DAYTONA BEACH FL 32119	Mailing Address 1840 SOUTH CLYDE MORRIS BLVD. SUITE 40 DAYTONA BEACH FL 32119
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 09/04/1992	Applied For Not Applicable
4. FEI Number 59-3174587	
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 type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 677 Beville Road Suite, Apt. #, etc.	2a. Mailing Address 26 677 Beville Road Suite, Apt. #, etc.
23 South Daytona, FL City & State	28 South Daytona, FL City & State
24 32119 Zip	29 32119 Zip
25 USA Country	30 USA Country

9. Name and Address of Current Registered Agent
TIEN, SHAW-YING
 1840 SOUTH CLYDE MORRIS BLVD.
 SUITE 40
 DAYTONA BEACH FL 32119

10. Name and Address of New Registered Agent
 81 Name **Tien Chiung**
 82 Street Address (P.O. Box Number is Not Acceptable) **1200 Peachtree Road**
 83
 84 City **Daytona Beach** FL 85 Zip Code **32114**

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.
 DATE **5/6/99**

SIGNATURE *[Signature]*
 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 NAME STREET ADDRESS CITY-ST-ZIP	DST TIEN, TIEN T. 918 CARRAWAY ST TALLAHASSEE FL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 810 S. OREGON AVE. APT 4 TAMPA, FL 33606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE DCOO TIEN, SHAW-FEN TANG 180 POINT O'WOODS DRIVE DAYTONA BEACH FL	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE CCEO TIEN, SHAW-YING 180 POINT O'WOODS DRIVE DAYTONA BEACH FL	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE DCFO TIEN, CHIUNG C 1200 PEACHTREE RD DAYTONA BEACH FL	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-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

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]* **NATUR@REQURE** 1-15-99 (904) 761-8480
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)