

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

FILED
Apr 16 1997 8:00am
Secretary of State

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| PROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # 561540 (6)

1. Corporation Name
KALEIDOSCOPE LIMITED, INC.



| | |
|---|--|
| Principal Place of Business U S 27 SOUTH P O BOX 48 LAMONT FL 32336 | Mailing Address U S 27 SOUTH P O BOX 48 LAMONT FL 32336-0048 |
|---|--|

| | |
|--------------------------------------|---------------------------------------|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21 Suite, Apt. #, etc. | 26 P.O. Box 48 |
| 22 | 27 |
| 23 City & State LAMONT, FL | 28 City & State LAMONT, FL. |
| 24 Zip 32336 | 29 Zip 32336 |
| 25 Country | 30 Country |

| | |
|---|--|
| 3. Date Incorporated or Qualified 03/09/1978 | 3a. Date of Last Report 04/24/1996 |
| 4. FEI Number 59-2105902 | 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 has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

9. Name and Address of Current Registered Agent

**SKILES, STEPHEN
697 FOREST LAIR
TALLAHASSEE FL 32312**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

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 taking this action and accept the consequences of Section 607.0505, Florida Statutes.

SIGNATURE *Stephen Skiles* **STEPHEN SKILES, VICE PRESIDENT** 1-7-97

Signature of and printed name of registered agent and filer, applicable (NOTE: Registered Agent signature required when constituting) DATE

12. OFFICERS AND DIRECTORS

| | | |
|----------------|------------------------------|---------------------------------|
| TITLE | DP | <input type="checkbox"/> DELETE |
| NAME | WITTER, RAY E. | |
| STREET ADDRESS | 12746 SPRUCE POND RD. | |
| CITY-ST-ZIP | TOWN & COUNTRY MO | |
| TITLE | DVT | <input type="checkbox"/> DELETE |
| NAME | SKILES, STEPHEN | |
| STREET ADDRESS | 697 FOREST LAIR | |
| CITY-ST-ZIP | TALLAHASSEE FL | |
| TITLE | VD | <input type="checkbox"/> DELETE |
| NAME | SKILES, EMILY | |
| STREET ADDRESS | 697 FOREST LAIR | |
| CITY-ST-ZIP | TALLAHASSEE, F L. | |
| TITLE | VD | <input type="checkbox"/> DELETE |
| NAME | WITTER, RAY E. JR | |
| STREET ADDRESS | 2651 EGRET LANE | |
| CITY-ST-ZIP | TALLAHASSEE FL | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY-ST-ZIP | |

14. I do 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.

SIGNATURE: *Stephen Skiles* **STEPHEN SKILES** 1-7-96 (904) 997-4569