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Mar 10, 1999 8:00 am
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 # 561540

1. Corporation Name
 KALEIDOSCOPE LIMITED, INC.



Principal Place of Business Mailing Address
 U S 27 SOUTH P O BOX 48
 P O BOX 66 LAMONT FL 32336-048
 LAMONT FL 32336 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 U.S. Hwy 27 South	2a. Mailing Address 26 P O BOX 48	3. Date Incorporated or Qualified 03/09/1978	4. FEI Number 59-2105902	Applied For Not Applicable
Suite, Apt. #, etc. 22 PO Box 48	Suite, Apt. #, etc. 27	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
City & State 23 LAMONT FL	City & State 28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
Zip 24 32336	Country 25 USA	Zip 29	Country 30	8. This corporation owes the current year intangible Personal Property Tax. <input 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 85 Zip Code FL
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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 *Stephen Skiles* STEPHEN SKILES DATE 1-31-99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE DP	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WITTER, RAY E.		1.2 NAME	
STREET ADDRESS 12746 SPRUCE POND RD.		1.3 STREET ADDRESS	
CITY-ST-ZIP TOWN & COUNTRY MO		1.4 CITY-ST-ZIP	
TITLE DVT	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SKILES, STEPHEN		2.2 NAME	
STREET ADDRESS 697 FOREST LAIR		2.3 STREET ADDRESS	
CITY-ST-ZIP TALLAHASSEE FL		2.4 CITY-ST-ZIP	
TITLE VD	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SKILES, EMILY		3.2 NAME	
STREET ADDRESS 697 FOREST LAIR		3.3 STREET ADDRESS	
CITY-ST-ZIP TALLAHASSEE, F L.		3.4 CITY-ST-ZIP	
TITLE VD	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WITTER, RAY E. JR		4.2 NAME	
STREET ADDRESS 2651 EGRET LANE		4.3 STREET ADDRESS	
CITY-ST-ZIP TALLAHASSEE FL		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: *Stephen Skiles* STEPHEN SKILES DATE 1-31-99 (850) 997-4569
Signature and typed or printed name of signing officer or director Daytime Phone #

CR2E034 (11/98)