

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

FILED
Mar 25 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # **P96000100005 (3)**

1. Corporation Name
KISS FOR PROFIT, INC.

Principal Place of Business 10350 W. BAYHARBOR DR. SUITE 7D BAY HARBOR ISLANDS FL 33154	Mailing Address 10350 W. BAYHARBOR DR. SUITE 7D BAY HARBOR ISLANDS FL 33154
---	---

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/11/1996	
4. FEI Number 65-0715395	Applied For <input type="checkbox"/> 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 owes or has paid the current year Intangible Personal Property Tax due June 30 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 9161 E. Bay Harbor Dr. Suite, Apt. #, etc. 22 # 8 B City & State 23 Bay Harbor Islands FL Zip 24 33154	2a. Mailing Address 26 9161 E. Bay Harbor Dr. Suite, Apt. #, etc. 27 # 8 B City & State 28 Bay Harbor Islands FL Zip 29 33154 Country 30 USA
---	--

9. Name and Address of Current Registered Agent
**SEIF, DAVID T ESQ.
5252 NE 6TH AVE.
SUITE 31B
FT LAUDERDALE FL 33334**

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

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

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	PTD <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GADD, JOHN	1.2 NAME	
STREET ADDRESS	10350 W. BAYHARBOR DR., SUITE 7D	1.3 STREET ADDRESS	9161 E. Bay Harbor Dr. # 8B
CITY-ST-ZIP	BAY HARBOR ISLANDS FL 33154	1.4 CITY-ST-ZIP	Bay Harbor Islands, FL 33154
TITLE	SVD <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARTER, STEPHEN H	2.2 NAME	
STREET ADDRESS	10350 W. BAYHARBOR DR., SUITE 7D	2.3 STREET ADDRESS	1235 Wilkinson St
CITY-ST-ZIP	BAY HARBOR ISLANDS FL 33154	2.4 CITY-ST-ZIP	Orlando, FL 32803
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.

SIGNATURE:

[Signature]

25 March 1998

CR2E034 (10/97)