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May 23 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Moriam Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # S65526 (3) 1. Corporation Name KOSER BUSINESS ENTERPRISES, INC.			
Principal Place of Business 4807 N. MIDKIFF SUITE 330 MIDLAND TX 79705 US		Mailing Address 4807 N. MIDKIFF SUITE 330 MIDLAND TX 79705-2518 US	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	
9. Name and Address of Current Registered Agent ANDREWS, LEWIS 9836 W. SAMPLE CORAL SPRINGS FL 33085		10. Name and Address of New Registered Agent 81 Name CT Corp. System 82 Street Address (P.O. Box Number is Not Acceptable) 1200 S. Pine Island Rd. 83 84 City Plantation FL 85 Zip Code 33324	
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: Randy A. Shelley Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered agent must be a resident of the State of Florida.) Randy A. Shelley SPECIAL ASSISTANT SECRETARY DATE: 4/25/97			
12. OFFICERS AND DIRECTORS TITLE D NAME KOSER, DENNIS STREET ADDRESS #7 LINDA CT. CITY-ST-ZIP MIDLAND TX 79705 [ ] DELETE		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE [ ] Change [ ] Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE [ ] Change [ ] Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE [ ] Change [ ] Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE [ ] Change [ ] Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE [ ] Change [ ] Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE [ ] Change [ ] Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	



CR2E034 (9/96)

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-800-600-0393