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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K83251

(4)

KENSON ENTERPRISES, INC.

Mailing Address Principal Place of Business 4529 WEST HIGHWAY 182 4529 WEST HIGHWAY 192 KISSIMMEE FL 34746 KISSIMMEE FL 34746 3. Date Incorporated or Qualified 3a. Date of Last Report 04/19/1989 03/14/1996 4. FEI Number 2a. Mailing Address 2. Principal Place of Business Applied For 59-2952496 Not Applicable 21 26 \$8.75 Additional Suite, Apt. #, etc. Suite Apt # etc 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees 28 Trust Fund Contribution 23 Country Country Zip 8. This corporation has liability for intangible tax under s. 199.032, Yes No 30 Florida Statutes 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name HO. KENNETH S 4529 WEST HIGHWAY 192 82 Street Address (P.O. Box Number is Not Acceptable) KISSIMMEE FL 34746 83 64 City 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 familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Sagrial was typical or printed name of requirement agent and title if applicable (NOTE Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. Change Addition DELETE 1.1 TITLE TITLE HO. KENNETH S 1.2 NAME NAME 4529 WEST HIGHWAY 192 1.3 STREET ADDRESS STREET ADDRESS KISSIMMEE FL 34746 1.4 CITY - ST - ZIP CITY - ST - ZIP Change Addition DELETE 2.1 TITLE TITLE HO, MEI HUI LIN 2.2 NAME HO, DANNY NAME 4529 West Highway 192 4529 WEST HIGHWAY 192 2.3 STREET ADDRESS STREET ADDRESS KISSIMMEE FL 34746 2.4 CITY-ST-ZIP Kissimmee, Fl. 34746 CITY - \$1 - 2/P Change Addition DELETE 3.1 TITLE THE 32 NAME NAME **3 3 STREET ADDRESS** STREET ACORESS 3 4. CITY - SY - ZIP CITY-ST-ZII Change Addition DELETE 41 TITLE TITLE NAME 4 2 NAME STEEFT ADORESS 43 STREET ADDRESS 4.4 CITY-ST-ZIP CITY - 51 - ZIF PoilibbA DELETE Change 5 1 TITLE TITLE 5.2 NAME NANTE STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CHY-SI-ZIP Change Addit⊧on DELETE 6.1 TITLE T:DE

6.2 NAME

14. I do hereby cert fy 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 armual 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

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

SIGNATURE:

NAME STREET AUDRESS

C(*Y - \$1 - 7)*

the changed, or an an archiment with an address.

7/25/97 (407)396-2042

FILED

Mar 03 1997 8:00am

Secretary of State

CR2E034 (9/96)