PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V45532

1. Corporation Name

KENCO MANAGEMENT, INC.

	······································					
Principal Place	of Business	Mailing Address				
1000 CLINT MO	ORE RD.	1000 CLINT MOORE RD.	CLINT MOORE RD.		,	
SUITE 110		SUITE 110			DO NOT WRITE IN THIS SPACE	
BOCA RATON FL 33487		BOCA RATON FL 33487			3. Date Incorporated or Qualifed	
					06/23/1992	ļ
a District Di		2a. Mailing Address				olied For
2. Principal Place of Business		F .				Applicable
21		Suite Apt # etc			65-0341546 Not	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired Fee Rec	
City & State		City & State				
·					6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees	
Zip Country		Zip Country		,	8. This corporation owes the current year Intangible	*
		\vdash		,		□No !
24	9. Name and Address of Current			-	10. Name and Address of New Registered Agent	
	9. Name and Address of Current	registered Agent	81	Name	10.	
FNDI	ELSON, KENNETH M.	1				
100 CLINT MOORE ROAD				Street A	ddress (P.O. Box Number is Not Acceptable)	}
SUITE 110				 		
BOCA RATON FL 33487			83			
000	A TATOM I E GOTO		84	City	FL 85 Zip C	Code
	,	4500 Florido Otatado				registered
office or re	anietored agent or both in the State of	f Florida. Such change was autho	nzed by	the corpor	orporation submits this statement for the purpose of changing its ation's board of directors. I hereby accept the appointment as rec	gistered
agent. I ar	n familiar with, and accept the obligation	ons of, Section 607 0505, Florida	Statutes	3		
SIGNATURE	· ·				puired when reinstating) DATE	
	Signature, typed or printed name of registered agent			nt signature req	quired when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTO	PS IN 12
12.	OFFICERS AND	DELETE	13.		ADDITIONS/GIANGES TO GITTOERS AND DIFECTOR	Addition
TITLE	DPT	- Section				
NAME	ENDELSON, KENNETH M.		1.2 NAME			
STREET ADDRESS	1000 CLINT MOORE RD,#110			TADDRESS		
CITY-ST-ZIP			1.4 CITY-5	ST-ZIP	Change	Addition
TITLE	540		2.1 TITLE			
NAME	FINKELSTEIN, RICHARD		2.2 NAME			
STREET ADDRESS	1000 CLINT MOORE RD,#110		2.3 STREE	TADDRESS		. \
CITY-ST-ZIP	BOCA RATON FL		2. 4 CITY-ST-ZIP			
TITLE	D DELETE 3.1		3.1 TITLE		☐ Change	☐ Addition
NAME .	MATTHEWS-GRAY, JUDY		3.2 NAME		•	
STREET ADDRESS	· · · · · · · · · · · · · · · · · · ·		3.3 STREE	TADDRESS		
CITY-ST-ZIP	BOCA RATON FL 33487		3.4. CITY-	ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		Change	☐ Addition
NAME			4. 2 NAME	:		
STREET ADDRESS			4.3 STREE	TADDRESS		
CITY-ST-ZIP			4.4 CITY-5	ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change	Addition
NAME			5.2 NAME			Í
STREET ADDRESS		·	5.3 STREE	TADDRESS		
CITY-ST-ZIP			5.4 CITY-	ST-ZIP		}
TITLE		☐ DELETE	6.1 TITLE		Change	☐ Addition
NAME			6.2 NAME		_	
	-			TADDRESS		
STREET ADDRESS			6.4 CITY-			
CITY-ST-ZIP			0.4 OH 1-4	J. 4"		

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 to use 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 of 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 attachtient with an address, with all other like empowered.

CITY-ST-ZIP

May 04, 1999 8:00 am Secretary of State

05-04-1999 90022 046 ***158.75