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FILED
Jul 07 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 # **131614** (0)
 1. Corporation Name
KENYON DODGE, INC.



Principal Place of Business: **19400 U.S. 19 NORTH, P.O. DRAWER 4580, CLEARWATER FL 34618-4445**

Mailing Address: **19400 U.S. 19 NORTH, P.O. DRAWER 4580, CLEARWATER FL 34618-4445**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 21 Suite, Apt. #, etc.
 22 City & State
 23 Zip
 24 **33758-4580** Country

2a. Mailing Address
 26 **110 S.E. Sixth ST,**
 27 **208 FL**
 28 **FT. LAUDERDALE, FL**
 29 **33758-4580** Country **USA**

3. Date Incorporated or Qualified
12/14/1935

4. FEI Number
59-0479520 Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

g. Name and Address of Current Registered Agent
KENYON, BRADLEY
19400 U.S. 19 NORTH
CLEARWATER FL 34824

10. Name and Address of New Registered Agent
 81 Name **CT Corporation System**
 82 Street Address (P.O. Box Number is Not Acceptable) **1200 South Pine Island Rd.**
 83
 84 City **Plantation** FL 85 **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 *Vicky Goldstein* **VICKY GOLDSTEIN** **6/26/98**
SPECIAL ASSISTANT SECRETARY DATE

12. OFFICERS AND DIRECTORS

| | | |
|----------------|------------------------------|--|
| TITLE | VD | <input checked="" type="checkbox"/> DELETE |
| NAME | CARLSON, MARK | |
| STREET ADDRESS | 19400 US 19 NORTH | |
| CITY-ST-ZIP | CLEARWATER FL | |
| TITLE | SD | <input checked="" type="checkbox"/> DELETE |
| NAME | KENYON, JANE A. | |
| STREET ADDRESS | 19400 U.S. 19 NORTH | |
| CITY-ST-ZIP | CLEARWATER FL | |
| TITLE | PD | <input checked="" type="checkbox"/> DELETE |
| NAME | KENYON, BRADLEY | |
| STREET ADDRESS | 19400 U.S. 19 NORTH | |
| CITY-ST-ZIP | CLEARWATER FL | |
| TITLE | T | <input checked="" type="checkbox"/> DELETE |
| NAME | SAKAYAN, GEORGE | |
| STREET ADDRESS | 19400 US HWY 19 NORTH | |
| CITY-ST-ZIP | CLEARWATER FL | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY-ST-ZIP | |

See attached

400002582004
-07/07/98--01095--052
*****550.00**

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]* **4-16-98 (954) 7109-10000**

CR2E034 (10/97)