

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

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
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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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 33758-4580	2a. Mailing Address 26 110 S.E. Sixth ST, 27 Suite, Apt. #, etc. 28 208 FL 29 City & State 30 Ft. LAUDERDALE, FL 31 Zip 32 33301 33 Country 34 USA	3. Date Incorporated or Qualified 12/14/1935 4. FEI Number 59-0479520 5. Certificate of Status Desired \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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8. Name and Address of Current Registered Agent KENYON, BRADLEY 19400 U.S. 19 NORTH CLEARWATER FL 34624	9. Name and Address of New Registered Agent 91 Name 92 CT Corporation System 93 Street Address (P.O. Box Number is Not Acceptable) 94 1200 South Pine Island Rd. 95 City 96 Plantation 97 FL 98 33324
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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
Special Assistant Secretary 6/26/98
DATE

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE NAME STREET ADDRESS CITY-ST-ZIP VD CARLSON, MARK 19400 US 19 NORTH CLEARWATER FL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP SD KENYON, JANE A. 19400 U.S. 19 NORTH CLEARWATER FL	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP PD KENYON, BRADLEY 19400 U.S. 19 NORTH CLEARWATER FL	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP T SAKAYAN, GEORGE 19400 US HWY 19 NORTH CLEARWATER FL	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition

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)