

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

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99 FEB 12 PM 1:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0279213

**PROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 131614

1. Corporation Name
KENYON DODGE, INC.



Principal Place of Business
**19400 U.S. 18 NORTH
P.O. DRAWER 4580
CLEARWATER FL 34618-4445**

Mailing Address
**110 SE 6TH STREET
20TH FLOOR
FT LAUDERDALE FL 33301**

DO NOT WRITE IN THIS SPACE

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

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip Country
29 Zip Country
30 Zip Country

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

7. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent
**CT COPORATION SYSTEM
1200 SOUTH PINE ISLAND RD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 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 _____
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when re-registering) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	HAWKINS, THOMAS W	
STREET ADDRESS	110 SE 6TH STREET, 20TH FLOOR	
CITY-ST-ZIP	FT LAUDERDALE FL 33301	
TITLE	P	<input type="checkbox"/> DELETE
NAME	COLE, JAMES O	
STREET ADDRESS	110 SE 6TH STREET, 20TH FLOOR	
CITY-ST-ZIP	FT LAUDERDALE FL 33301	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	WILKERSON, SCOTT	
STREET ADDRESS	110 SE 6TH STREET, 20TH FLOOR	
CITY-ST-ZIP	FT LAUDERDALE FL 33301	
TITLE	T	<input type="checkbox"/> DELETE
NAME	HYLE, KATHLEEN	
STREET ADDRESS	110 SE 6TH STREET, 20TH FLOOR	
CITY-ST-ZIP	FT LAUDERDALE FL 33301	
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

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	600002776646--2
13 STREET ADDRESS	-02/16/99--01034--001
14 CITY-ST-ZIP	****150.00 ****150.00
21 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	D, S, VP
23 STREET ADDRESS	
24 CITY-ST-ZIP	P
31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

Handwritten signature and date: 1/22/99

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, with all other like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
James O. Cole

Date: **1/22/99** Daytime Phone #: **(954) 769-6000**

CR2E034 (11/98)