

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Feb 27, 1999 8:00 am
Secretary of State

02-27-1999 90090 008 ***150.00

DOCUMENT # 314306

1. Corporation Name
KENIN, INC.

Principal Place of Business
1030 N.E. 163RD STREET
NO. MIAMI BEACH FL 33162 4867

Mailing Address
1030 N.E. 163RD STREET
NO. MIAMI BEACH FL 33162 4867



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/02/1967

4. FEI Number

59-1170276

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 the current year Intangible
Personal Property Tax

☐

Yes

☒

No

2. Principal Place of Business

21 1135 SCARLET OAK ST.

2a. Mailing Address

26 1135 SCARLET OAK ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Hollywood FL

City & State

28 Hollywood FL

Zip

24 33019

Country

25 USA

Zip

29 33019

Country

30 USA

9. Name and Address of Current Registered Agent

KENIN, PHILIP
3995 N.E. 167 STREET
NO. MIAMI BEACH FL 33160

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 1135 SCARLET OAK ST.

84 City

Hollywood

FL

85

Zip Code

33019

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME KENIN, PHILIP

STREET ADDRESS 3995 N.E. 167 STREET

CITY-ST-ZIP NO. MIAMI BEACH FL 33160

TITLE STD ☐ DELETE

NAME KENIN, MARJORIE

STREET ADDRESS 3995 N.E. 167 STREET

CITY-ST-ZIP NO. MIAMI BEACH FL 33160

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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: X

Philip Kenin

PHILIP KENIN

Date

1/28/99

Daytime Phone #

1954 927 4994

CR2E034 (1/98)