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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

418575

(7)

KENASTON CORP.

FILED Mar 20 1998 8:00am Secretary of State

Principal Place of Business Mailing Address						a todati didat tidat falat aliti tanan orit orati alati giari giati giati giati giati giati	
400 LESLIE DR #1105 400 LESLIE DR #1105							
#215		215				DO NOT WRITE IN THIS SPACE	
HALLANDALE	FL 33009		HALLANDALE FL 33009			3. Date Incorporated or Qualified	
US US							
6 Dringing D	lace of Business	2a. Mailing Address				02/08/1973 4. FEI Number Applied For	
	IZOW OF DUSINESS	 1					
Suite, Apt.	# etc	Suite Ant # etc	Suite, Apt. #, etc.			60.75	
22	π, οιο.	⊢	27			5. Certificate of Status Desired Fee Required	
City & State	9	City & State				Election Campaign Financing \$5.00 May Be	
23	•	⊢ ′	28			Trust Fund Contribution Added to Fees	
Zip			Cou	ntry		8. This corporation owes or has paid the current year Intangible	
24	25	29	30			Personal Property Tax due June 30. Yes No	
124	9. Name and Address of Current Register					10. Name and Address of New Registered Agent	
VE	MNETH WAI AESKY			81	Name		
KENNETH WOLOFSKY 400 LESLIE DR 215							
			82 Street A		Street A	Address (P.O. Box Number is Not Acceptable)	
	L LAN DALE, FL L LAN DALE FL 33009						
, ^{RA}	LLANDALE PL 33009			83			
يع ا				84	City	FL 85 Zip Code	
44 5	to the provisions of Continuo CC	27 0500 and 607 1509 Etarida Ct	atutos the ob		namadı		
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 a	m familiar with, and accept the	obligations of, Section 607.0505	, Florida Stat	utes	3.		
SIGNATURE			Alore 5			required when reinstation) DATE	
	Signature, typed or printed name of regist	ered agent and tille if applicable. (S AND DIRECTORS	(NOTE: Registered	1 Ago	nt signature r	required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.	PD	DELETE	1.1 10	rı E		Change Addition	
	WOLOFSKY, PETER		1.2 NAME				
NAME	AAA I BOLLE DOLLE HOLE		1.3 STREET ADDRESS		1000500		
STREET ADDRESS							
CITY-ST-ZIP	HALLANDALE, FL 00000	DELETE	1.4 CITY+ST-ZIP ELETE 2.1 TITLE		1-ZIP	Change Addition	
TITLE		Dittie					
NAME			2.2 NAME				
STREET ADDRESS			2.3 STREET ADDRESS				
CITY-ST-ZIP		DELETE	2. 4 City-St-		ST-ZIP	☐ Change ☐ Addition	
TITLE		[] DECEIE	DELETE 3.1 TITLE			C. Cuanda C. Montion	
NAME			3.2 NA				
STREET ADDRESS			3.3 ST	REET	ADDRESS		
CITY-ST-ZIP					ST-ZIP		
TITLE		☐ DELETE	4.1 TO	TLE		☐ Change ☐ Addition	
NAME			4. 2 N		-		
STREET ADDRESS			4.3 ST	REET	ADDRESS		
CITY-ST-ZIP			4.4 CI	1Y-S	T-ZIP		
TITLE		☐ DELETE	5.1 Ti1	TLE		☐ Change ☐ Addition	
NAME			5.2 NA	ME		~ C	
STREET ADDRESS			5.3 ST	REET	ADDRESS	2,7	
CITY-ST-ZIP			5.4 CI	<u>TY</u> -S	T-ZIP	3:20	
TITLE		DELETE	6.1 TIT	TLE		000002463156 ^{nange Addition} -03/20/9801026017	
NAME			6.2 NA	ME		-03/20/9801028017	
STREET ADDRESS			6.3 \$1	REET	ADDRESS	***150.00	
CITY-ST-ZIP			6.4 CI			***13U.UU	
14 Lherehy o	certify that the information sunn	lied with this filing does not quali				ed in Section 119.07(3)(i), Florida Statutes. I further certify that the information	

I. 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.

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