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

DOCUMENT # 585886

LEED IN AND

KENLIN, INC.

FILED Feb 13, 1999 8:00am Secretary of State

02-13-1999 90026 043 ***150.00



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Principal Place of Business Mailing Address											
1821 N.W. 18TH AVE. BLDG.41 APT. 102 CB 136			1821 N.W. 18TH AVE. BLDG.41 APT. 102 CB 136								
							DO NOT WRITE IN THIS SPACE				
DELRAY BEACH FL 33445 DELRAY BEACH FL 33445							3. Date Incorporated or Qualifed				
							09/08/1978				
2. Principal Place of Business			2a. Mailing Address				4. FEI Number		Apr	olied For	-
4			26				59-1853911		Not	Applicable	*
Suite, Apt. #, etc.			Suite, Apt. #, etc.				5. Certificate of Status Des	sired~~~ 🗇 · ~-	_ \$8.75 _. A		-23
2			27				3. Certificate of Status Dec		Fee Red	quired	
City & State			City & State				6. Election Campaign Fina		\$5.00		
23		28					Trust Fund Contribution		Added to	Fees	
Zip Country			Zip Cou							□No	
24	25	29	<u></u>	30	r -		Personal Property Tax. 10. Name and Address of			LINU	
	9. Name and Address of Current	Regi	stered Agent		81	Name	10. Name and Address of	New Registered			ı
WIE	SENCEK, PAUL M.										ı
772 U.S. HWY #1 SUITE 200				82 Street Add			ress (P.O. Box Number is Not Acceptable)				l
N PALM BEACH FL 33408					83	F 20 4 6 2 4 1 1 2 1 1 1 2 1 1 1 2 1 1 1 2 1			4.4 4601 41211 2	W 62. Ta	l
,,,,,	EN SENOTTE SO ISO							"我是是我	图 網 4.513	2 42 32	l
					84	City	The state of the s	FI	85 Zip C	ode	l
dd Discount	to the provisions of Sections 607.0502	and	607 1508 Florida Statut	es the a	hove	-named corp	oration submits this statement	for the purpose of	changing its	registered	ĺ
C. Affina Are	opictored agont or both in the State o	t ⊢i∩i	ida. Such chande was a	winonze	o ov	me corporauc	on's board of directors. I hereb	y accept the appoi	ntment as reg	gistered	
agent. I a	m familiar with, and accept the obligati	ions c	of, Section 607.0505, Fig	rida Stai	utes	•					
SIGNATURE	Signature, typed or printed name of registered agent	and titl	e if apolicable. (NOTE	Registere	1 Agen	t signature require	d when reinstating)	DATE			
12.	OFFICERS ANI			13.			ADDITIONS/CHANGES	TO OFFICERS A	ND DIRECTO		١.
TITLE	PD		☐ DELETE	1,1 T	ITLE		J. 1999 1		Change	Addition	1
NAME	GOLDBERG, IRVING			1.2 N	AME		, , , , , , ,				
STREET ADDRESS 1821 NW 18TH AVE. BLDG 41, APT 102, CB 136				1.3 \$	1.3 STREET ADDRESS					•	ŀ
CITY-ST-ZIP	DELRAY BEACH FL 33445			1.4 0	πy-s	r-zip					ł
TITLE	TDD		☐ DELETE	2.1 T	ITLE		•		Change	☐ Addition	
NAME	GOLDBERG, ESTELLE			2.2 N	AME					-	-
STREET ADDRESS					TREET	ADDRESS					
CITY-ST-ZIP	ZIP DELRAY BEACH FL 33445				CITY-S	T-ZIP			FT 05	- Addition	┧
TITLE	S . 1 × 2		☐ DELETE	3.1 T	ITLE				Change	☐ Addition	
NAME	CAINE, KEN			3.2 N	AME						
STREET ADDRESS	8812 LOCHMOOR RD			3.3 9	TREE	ADDRESS	1.1 13.34		0.400	an (图)	
CITY-ST-ZIP	TAMPA FL			_	CITY-S	T-ZIP					$\frac{1}{2}$
TITLE			☐ DÉLETE		MLE		, শুরু র্ টুর্বর	"我可以明确。"	G∵ Ca ònande ∂	المراشرة المراشرة	
NAME					NAME						
STREET ADDRESS						T ADDRESS					
CITY-ST-ZIP			□ DELETE		ITY-S	T-ZIP			Change	Addition	1
TITLE			☐ DELETÉ		ITLE JAME		V 10				İ
NAME						T ADDRESS	ी किसी	•	• •	1.4	
STREET ADDRESS	ngas				ITY-S		to the state of				;
CITY-ST-ZIP	No. 100		☐ DELETE		TTLE	1- CIF	<u></u>		☐ Change	Addition	1.
TITLE					IAME					_	Ì
NAME						TADDRESS					
STREET ADDRESS	,				,,,,,,,						Ì

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 chaffged, or on an attachment with an address, with all other like empowered.

SIGNATURE:

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/99 Date

800-359-575

R2E034 (11/98)