

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  
Apr 23, 1999 8:00 am  
Secretary of State

04-23-1999 90134 006 \*\*\*150.00

DOCUMENT # 656075

1. Corporation Name

KINNEY SYSTEM OF FLORIDA, INC.

Principal Place of Business

60 MADISON AVE.  
NEW YORK NY 10010

Mailing Address

60 MADISON AVE.  
NEW YORK NY 10010

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/18/1980

4. FEI Number

13-3014959

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 2401 21ST AVE S #200

Suite, Apt. #, etc.

22 City & State

23 NASHVILLE, TN

24 Zip 37122 25 Country USA

2a. Mailing Address

26 SAME

Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME SCHWARTZ, SAUL P.  
STREET ADDRESS 60 MADISON AVENUE  
CITY-ST-ZIP NEW YORK NY

TITLE D ☐ DELETE

NAME KATZ, LEWIS  
STREET ADDRESS 60 MADISON AVENUE  
CITY-ST-ZIP NEW YORK NY

TITLE EV ☐ DELETE

NAME SCARPATI, JOSEPH  
STREET ADDRESS 60 MADISON AVENUE  
CITY-ST-ZIP NEW YORK NY

TITLE EV ☐ DELETE

NAME MICHALOFSKY, MICHAEL  
STREET ADDRESS 60 MADISON AVENUE  
CITY-ST-ZIP NEW YORK NY

TITLE S ☐ DELETE

NAME MITTLEMAN, PHILIP  
STREET ADDRESS 60 MADISON AVENUE  
CITY-ST-ZIP NEW YORK NY

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: *[Signature]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4699

615-292-4255

CR2E034 (11/98)

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401045-90134-6

CORPORATION NAME:

KENNEY SYSTEM OF FLORIDA, Inc

FILING PERIOD:

1999

#:

13-3014959

13 OFFICERS/TITLES

NAME: JAMES BOND  
TITLE: PRESIDENT  
ADDRESS: 2401 21ST AVE SOUTH #200  
CITY: NASHVILLE, TN 37212

NAME: BENJAMIN D. WOLFLEY  
TITLE: VICE PRESIDENT  
ADDRESS: 2401 21ST AVE SOUTH #200  
CITY: NASHVILLE, TN 37212

NAME: HENRY ABBOTT  
TITLE: SECRETARY  
ADDRESS: 2401 21ST AVE SOUTH #200  
CITY: NASHVILLE, TN 37212

NAME: MONROE CARELL  
TITLE: DIRECTOR  
ADDRESS: 2401 21ST AVE SOUTH #200  
CITY: NASHVILLE, TN 37212