

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **715039**

(4)

1. Corporation Name

KENNEDY COLUMBIAN CLUB, INC.



Principal Place of Business 4410 N. BANANA RIVER DR. P.O. BOX 321571 COCOA BEACH FL 32931 US	Mailing Address 4410 N. BANANA RIVER DR. P.O. BOX 321571 COCOA BEACH FL 32932-1571 US
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3. Date Incorporated or Qualified 07/31/1968	3a. Date of Last Report 09/13/1995
4. FEI Number 23-7372952	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent MARKOSKY, FRANCIS H 1525 MINUTEMAN CSWY #103 COCOA BEACH FL 32931	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
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input checked="" type="checkbox"/> DELETE	1.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME CLUEN, EDWARD		1.2 NAME GRANULIS, ARTHUR	
STREET ADDRESS 1174 SAMAR RD.		1.3 STREET ADDRESS 519 SEAPORT BLVD	
CITY-ST-ZIP COCOA BCH. FL		1.4 CITY-ST-ZIP CAPE CANAVERAL, FL	
TITLE D	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LANDMAN, RAYMOND		2.2 NAME	
STREET ADDRESS 1735 RICHARDSON RD.		2.3 STREET ADDRESS	
CITY-ST-ZIP MERRITT ISLAND FL		2.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME RYAN, RICHARD		3.2 NAME	
STREET ADDRESS 4015 GATEWOOD ST.		3.3 STREET ADDRESS	
CITY-ST-ZIP COCOA FL 32926		3.4 CITY-ST-ZIP	
TITLE TD	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MARKOSKY, FRANCIS H.		4.2 NAME	
STREET ADDRESS 1525 MINUTEMAN CSWY #103		4.3 STREET ADDRESS	
CITY-ST-ZIP COCOA BEACH FL 32931		4.4 CITY-ST-ZIP	
TITLE PD	<input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WATSON, REDMAN		5.2 NAME WATSON, Redmond	
STREET ADDRESS 4800 OCEAN BEACH BLVD		5.3 STREET ADDRESS	
CITY-ST-ZIP COCOA BEACH FL		5.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MADDEN, JOHN		6.2 NAME	
STREET ADDRESS 250 N. BANANA RIVER DR.		6.3 STREET ADDRESS 1595 N. ATLANTIC AVE #109	
CITY-ST-ZIP MERRITT ISLAND FL 32982		6.4 CITY-ST-ZIP COCOA BEACH FL 32931	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Francis H. Markosky
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12 June 1996
Date

407-783-0247
Daytime Phone #

CR2E037 (3/96)