


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 24, 1999 8:00 am**  
**Secretary of State**

03-24-1999 90010 049 \*\*\*\*61.25

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # 715039</b>					
1. Corporation Name <b>KENNEDY COLUMBIAN CLUB, INC.</b>					
Principal Place of Business <b>440 N. BAYVIEW BLVD.</b> <b>P.O. BOX 321571</b> <b>COCOA BEACH FL 32931</b> <b>US</b>			Mailing Address <b>440 N. BAYVIEW BLVD.</b> <b>P.O. BOX 321571</b> <b>COCOA BEACH FL 32932-1571</b> <b>US</b>		



2. Principal Place of Business 21 <b>P.O. Box 321571</b> Suite, Apt. #, etc. 22 <b>Cocoa Beach, FL</b> City & State 23 <b>32932</b> <b>USA</b> Zip Country 24 <b>25</b>		2a. Mailing Address 26 <b>P.O. Box 321571</b> Suite, Apt. #, etc. 27 <b>Cocoa Beach, FL</b> City & State 28 <b>32932</b> <b>USA</b> Zip Country 29 <b>30</b>		3. Date Incorporated or Qualified <b>07/31/1968</b> 4. FEI Number <b>23-7372952</b> Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> 6. Election Campaign Financing <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> Trust Fund Contribution	
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9. Name and Address of Current Registered Agent <b>MARKOSKY, FRANSIS H</b> <b>1525 MINUTEMAN CSWY #103</b> <b>COCOA BEACH FL 32931</b>				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 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 type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GRANZULIS, ARTHUR			1.2 NAME			
STREET ADDRESS	519 SEAPORT BLVD			1.3 STREET ADDRESS			
CITY-ST-ZIP	CAPE CANAVAL FL			1.4 CITY-ST-ZIP			
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 type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WATSON, REDMOND			5.2 NAME			
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 type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MADDEN, JOHN			6.2 NAME			
STREET ADDRESS	1595 N ATLANTIC AE 109			6.3 STREET ADDRESS			
CITY-ST-ZIP	COCOA BEACH FL			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 617, 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 REQUIRED

3/18/99

407-783-0297

Date

Daytime Phone #

CR2E037 (11/98)