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PROFIT: CORPORATION **ANNUAL REPORT**

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F01217

DAVID S. KENIN, P.A.

FILED Jan 21, 1999 8:00am **Secretary of State** 01-21-1999 90068 038 ***150.00



Principal Plac	ce or Business	Mainité	Address									
C/O GREENBURG. TAURIG 1221 BRICKELL AVE. MIAMI FL 33131			C/O GREENBURG. TAURIG 1221 BRICKELL AVE. MIAMI FL 33131						DO NOT W	RITE IN THIS	SPACE	
MIAMI FL 33131 MIAMI FL 3			1 FL 33131				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified					
	1						3.		ed or Qualif	ea		
								<u>10/01/1980</u>				
2. Principal Place of Business			2a. Mailing Address					FEI Number			1	Applied For
21		_ 26	26					59-2055413			1	Not Applicable
Suite, Apt	. #, etc.	Sui	Suite, Apt. #, etc.				_	0-46-4	····		\$8.75	Additional
22	•	27	27				5.	Certificate of Sta	nus Desired		Fee	Required
City & Sta	ite	Cit	City & State				6	Election Campa	ion Financir		\$5.0	0 May Be
23		28	28				0.	Trust Fund Con	-	ig 🗌		d to Fees
Zip	Country	Zip					+-	This corporation		urrant was Int		2.10 000
24	25	— `				_				uneni year ini	Yes	□No
24]		29].		30	1	<u> </u>		Personal Proper				- LINO
	9. Name and Address of Current	Registere	u Agent		81	Name	10.	Name and Add	ress of Nev	w Registered	Agent	
VEN	IIN, DAVID S.				"	Name						ł
					82	Street Addre	treet Address (P.O. Box Number is Not Acceptable)					
C/O GREENBURG, TAURIG			•							e		
	1 BRICKELL AVE.				83					12 11	1 1 1 3	TOW ALL
MIA	MI FL 33131								1 3 1 1 1 1 1 1	130	10-11	
					84	City		-	•	E 1	85 Zip	Code ***
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office or	t to the provisions of Sections 607.0502 registered agent, or both, in the State of	and bu/.1	ous, Fionda Statute uch change was au	es, the a thorized	oove-	nameo corpo ne comoratio	orauon on's bo	ard of directors.	itement for t I hereby ac	ne purpose or cept the appoi	cnanging i itment as i	registered
-∜∴ agent. I'a	registered egent, or both, in the State of am familiar with, and agreet the obligati	ions of, Sec	tion 607.0505, Flor	ida Stati	utes.	•				1.1	_]
SIGNATURE	July 1811									1/6/9	79	
	Signature, typed or printed name of registered agent			Registered	Agent :	signature required	d when re	instating)		DATE		
12.	OFFICERS AND	DIRECTO	DRS	13.				ADDITIONS/CHA	NGES TO	OFFICERS AN	D DIRECT	ORS IN 12
TITLE	PD		☐ DELETE	1.1 TI	TLE						☐ Change	Addition
NAME	KENIN, DAVID S.			1.2 NA	AME			`				
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CITY-ST-ZIP	MIAMI FL 33131		□ DELETE		TY-ST-	4P					Channe	————
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CITY-ST-ZIP.					ITY-ST-	ZIP		_ •				
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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 suppliemental 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 of 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 or an attachment with an address, with all other like empowered.

CR2E034 (11/98)