## 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 # F26092

KINYON ENTERPRISES, INC.

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Principal Place	of Business	Mailing	g Address					10 1011 P 101 B10	, 418:1 G1811 B1	,,, A.A.I. #18	
•			JDITH M. KINYON								
C/O CHARLES I			DODMILL ROAD								
LONGWOOD FL			VOOD FL 32779-4964	•			DO NOT V	VRITE IN TH	IS SPACE		
US		US				3.	Date Incorporated or Quali	fed			]
							03/20/1981		-	•	
2 Principal Pl	lace of Business	2a. Ma	ailing Address			4.	FEI Number			Applied I	For ,
21	acc of Eddinosc	26					59-2078151			Not Appl	icable
Suite, Apt.	# etc		ite, Apt. #, etc.						\$8.7	5 Additio	nal
	#, etc.	27	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			5.	Certifcate of Status Desired	d . 🗆 ,	Fee	Required	1.
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	9. Name and Address of Co		ea Agent		81 Name	10.	. Name and Address of the	, ii itogiotori	, , , , , , , , , , , , , , , , , , ,		
LINIA		S 4 40			Oi Name		•				
KINYON, JUDITH M.				82 Street A	Address (F	dress (P.O. Box Number is Not Acceptable)					
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44 Durguant	to the provisions of Sections but		1508. Florida Statut	es, the al	ove-named o						
						oration's bo	oard of directors. I hereby a	ccept the ap	pomiment as	register	ed
	to the provisions of Sections 60 egistered agent, or both, in the S m familiar with, and accept the c	obligations of, Se				oration's bo	oard of directors. I hereby a	ccept the ap	ролипен а	s register	ed
	egistered agent, or both, in the c m familiar with, and accept the c	obligations of, Se	ection 607.0505, Flo	rida Stati	ites.	J. G.		DATE		s register	ed
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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 comporation 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.

6.4 CITY-ST-ZIP

SIGNATURE:

862 6566

**FILED** 

Feb 05, 1999 8:00am

**Secretary of State** 

02-05-1999 90006 046 \*\*\*150.00