FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(4)

KENT CONDOR CORPORATION

FILED										
Feb 02 1998 8:00am										
Secretary of State										



Principal Place of Business Mailing Address							1 (40)	EM EM LMS SMIME MEEMI 1	01 6 4 8 3> 0 1 0 1			
11700 NW 102	NO RD.		700 NW 102ND RD.									
STE 1 MEDLEY FL 33	3178		STE 1 MEDLEY FL 33178					DO NOT WRITE IN THIS SPACE				
US			US					3. Date Incorpora	ted or Qualified			
								05/28/1981				
	lace of Business	<u> </u>	2a. Mailing Address					4. FEI Number	~~			pplied For
21			Suite, Apt. #, etc.					59-213826	59			lot Applicable Additional
Suite, Apt. #, etc.			27					5. Certificate of Si		<u> </u>	Fee R	Required
City & State			City & State					6. Election Campa				May Be
Zip Country			Zip Country					Trust Fund Cor		aid the our		
24	25	29	h ' h '				8. This corporation dwes or has paid the current year Intangible Personal Property;Tax due June 30. Yes No					
24	9. Name and Address o							10. Name and Address of New Registered Agent				
PET	ER ESPINET				81	Nan	ne		1			
11700 NW 102ND ROAD				82 Street Add			et Addre	ss (P.O. Box Numbe	r is Not Accepta	able)		
STE 1 MEDLEY FL 33178					83							
					84	City				FL	85 Zip	Code
11. Pursuant	to the provisions of Sections	607.0502 and 60	7.1508, Florida Stat	utes, the al	bove	e-nam	ed corpo	ration submits this st	tatement for the	purpose of	changing	its registered
office or re agent I a	to the provisions of Sections egistered agent, or both, in t m familiar with, and accept t	he State of Florid ne obligations of,	a. Such change wa Section 607.0505,	s authorize Florida Stal	d by lutes	/ the c s.	orporatio	on's board of director	s. hereby acc	ept the appo	intment as	s registered
SIGNATURE	Classical broad or printed name of sec	erlayed scent and title it	zamijenbio /N	OTE: Registere	d Ann	ant sions	thure recrition	d when reinstating)		DATE		
Signature, typed or printed name of registered agent and title if applicable. 12. OFFICERS AND DIRECTORS				13.				ADDITIONS/CH/	ANGES TO OFF		DIRECTO	RS IN 12
TITLE	P		DELETE	1,1 (1	TLE						Change	Addition
NAME	COSTA, NICHOLAS			1.2 N	AME							
STREET ADDRESS	11700 NW 102ND RD,	STE 1		1.3 ST	TREET	ADDRES	×s					
CITY-ST-ZIP	MEDLEY FL			1.4 CI	TY-S	ST-ZIP						
TITLE	V		☐ DELETE	2.1 ₹1	TLE						Change	Addition
NAME	COSTA, KENT			2.2 N	AME							
STREET ADDRESS	11700 NW 102ND RD,	STE 1		2.3 87	REET	ADDRES	is		1			
CITY-ST-ZIP	MEDLEY FL			2, 4 0	ITY-S	ST-ZIP					T-05	F Lagrer
TITLE	T		□ DELETE	3.1 Ti	TLE				1		Change	Addition
NAME	COSTA, BARBARA			3.2 N	AME				1			
STREET ADDRESS	11700 NW 102ND RD,	STE 1		3.3 87	REET	ADDRES	is		,			
CITY-ST-ZIP	MEDLEY FL					ST-ZIP			!		Channe	Addition
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NAME				4. 2 N								
STREET ADDRESS						ADDRES	×s					
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TITLE			DELETE	5.1 TI			ŀ				— Grange	
NAME				5,2 N								
STREET ADDRESS						ADDRES	25					
CITY-ST-ZIP			DELETE			ST-ZIP	+-				Change	Addition
TITLE			[] DETELE	6,1 TI					ı		L. Change	AGGIOGI
NAME				6.2 N					i			•
STREET ADDRESS						ADDRES	٥٠,					
CITY-ST-ZIP	certify that the information su	onlied with this fil	ing does not qualify			ST-ZIP	lated in S	Section 119 07/3\(i), 8	Torida Statutes	I further ce	tify that th	e information

Increay certify that the information supplied with this hing does not qualify for the exemption stated in Section 119.0 (3)(i), Horida Statues. 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 chapter on an attachment with an address.

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