FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B Mortham Secretary of State

1996

DIVISION OF CORPORATIONS F9400001714 (4) **DOCUMENT #**

J.F. KENNEDY & ASSOCIATES, INC.				1 1881 188 JOHN 1811 BIRLI BRILL B	ISPH Allia Adile Adile andle etdes etd	int hindi dant lant
Principal Place	of Punianon					
Principal Place of Business Mailing Address						(
	OWBREEZE DR. I BEACH FL 33414	12832 MEADOWBREEZE D WEST PALM BEACH FL 3				
(ADD RESS CHANGE) 2. Principal Place of Business 2 2a. Mailing Address				3. Date Incorporated or Qualified 04/05/1994	d 3a. Date of Last R 04/25/19	
2. Principal Pl	ace of Business HENLEY PLACE	2a. Mailing Address 26 2001 / ENL	. 12 mm	4. FEI Number	[]	Applied For
Suite. Apt.			EY PLACE	58-1949043		Not Applicable
22 City & State		Suite, Apt. #, etc. 27	·····	5. Certificate of Status Desired	Fee	5 Additional Required
- Chip of Chicago		\mathcal{L}_{ℓ}	6. Election Campaign Financing	□ \$5.0	0 May Be	
Zip	Country		Country	Trust Fund Contribution	Adde	d to Fees
24 334	14 25 PALM BEALH	29 334/4 3	Country 10 PALM BLA	8. This corporation has liability for Florida Statutes	or intang≀ble tax under s. ′es No	193.032
9. Name and Address of Current Registered Agent				10. Name and Address of New		
			81 Name	Caravini. Ter		
KENNEDY, JOYCE 82 Street Ad				ENNEDY, JOYCE Address (P.O. Box Number is Not Accept OCI HENLEY PALE		
			3	201 HENIEY PLACE	.ane)	
WEST P	ALM BEACH FL 33414	ADDRES CHANG	₹ 7 83			
		CHHNO	84 City /			
			1 4	DELLINGTON	FL 85 Zy	g Code 3 3 47 4
or registered agent, or both in the State of Florida. Such charging its registered office						
familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.						
SIGNATURE .	Suge Kenned				4-26-96	
12.	Signature, Kaled or printed name of registered adject. OFFICERS AND		legistered Agent signature n			
TITLE	PDC	DELETE	13.	ADDITIONS/CHANGES TO OI		
NAME	KENNEDY, JOHN F SR		1.2 NAME	POC AC KENNEOY, JOHN F S	QQRC35 X Change	Add tron
STREET ADDRESS	12832 MEADOWBREEZE DR.	:	1.3 STREET ADDRESS	2001 HENLEY PLACE	κ.	
CITY - ST - ZIP	WEST PALM BEACH FL 33414		14 CITY-ST-ZIP	WELLINGTON, FL 334	114	
TITLE	VSTD	□ DEL€TE	2 1 Ti!LE		ORESS Change	Addition
NAME	KENNEDY, JOYCE E	broad	2.2 NAME	KENNEDY, JOYCE E.	URCSS JAJ Unange	☐ Without
STREET ADDRESS	12832 MEADOWBREEZE DR.		23 STREET ADDRESS	2001 HENLEY PLACE		
CITY-ST-ZIP	WEST PALM BEACH FL 33414	,	2.4 CiTy - ST - ZiP	WELLINGTON, FL 334.	74	
TITLE		DELETE	3 1 THEE	100000000000000000000000000000000000000	☐ Change	☐ Add-tren
NAME			3.2 NAME			
STREET ADDRESS			3.3 STHEET ADDRESS			1
CITY-ST-ZIP			3.4 CITY - \$1 - 7iP			
TITLE		☐ DELETÉ	4 1 1 ¹⁷ LE		☐ Change	Addition
NAME			4.2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
DITY-ST-ZIP			4.4 City - ST - ZIF			
TITLE		☐ DELETE	5 1 JITLE		Change	Addition
NAME			5.2 NAME			-
STREET ADDRESS		,	5.3 STREET ADDRESS			
CITY - ST - ZIP TITLE		——————————————————————————————————————	54 CITY - ST-ZIP			
NAME		☐ DELETE	6 1 TIELE		Change	Addition
			6.2 NAME			i
STREET ADDRESS			6.3 STREET ADDRESS			
14. I do hereby	certify that the information supplied with	n this filma is valuntarily furnished	6.4 CITY - ST - 71P			

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 macks 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 changed, or on an attachment with an address.

GNATURE:

| 403-791-0995 | Chapter 607. Florida Statutes | 403-791-0995 | Chapter 607. Flori

SIGNATURE:

407-791-0995