## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #	F96000005723
1. Corporation Name	F96000000572

## KENWOOD COMMUNICATIONS CORPORATION

,	
Principal Place of Business	Mailing Address
2201 E. DOMINGUEZ ST.	P.O. BOX 22745
LONG BEAGUECA COOLD	LONG DEACH CA GOOD!



LONG BEACH CA 90810 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 11/04/1996 Applied For 4. FEI Number 2a. Mailing Address 2. Principal Place of Business Not Applicable 33-0549133 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Added to Fees Trust Fund Contribution 28 23 Zip Country 8. This corporation owes the current year Zip Country Yes 29 30 Intangible Personal Property. 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 83 85 Zip Code 84 City Pursuant to the provisions of sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed-name of registered agent and title if applicable. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. 1.1 TITLE DELETE TITLE RYUICHIRO, SATOH 1.2 NAME NAME 2201 E. DOMINQUEZ ST. 1.3 STREET ADDRESS STREET ADDRESS LONG BEACH CA 1.4 CITY-ST-ZIP CITY-ST-ZIP 2.1 TITLE Change PD DELETE TITLE WINELAND, TOM 22 NAME NAME STREET ADDRESS 2201 E. DOMINGUEZ ST. 2.3 STREET ADDRESS LONG BEACH CA 2.4 CITY-ST-ZiP CITY-ST-ZIP DELETE 3.1 TITLE TITLE 3.2 NAME HLAVATY, JAMES NAME 2201 E. DOMINGUEZ ST. 3.3 STREET ADDRESS STREET ADDRESS LONG BEACH CA 90810 3.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 4.1 TITLE Change Addition TITLE YOSHISUKE, SHIMBORI 4 2 NAME NAME 2201 E. DOMINQUEZ ST. 4.3 STREET ADDRESS STREET ADDRESS LONG BEACH FL 4.4 CITY-ST-ZIP CITY-ST-ZIP Director K Change Addition 51 TITLE TITLE DELETE ABE, TSUNEO 5.2 NAME TSUNEO, ABE NAME 1-14-6, DOGENZAKA, SHIBUYA 2-17-5 SHIBUYA 5.3 STREET ADDRESS STREET ADDRESS TOKYO JAPAN TOKYO JA 5,4 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE Change Addition DELETE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an extend ment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OAS GINING OFFICER OR DIRECTOR

(310) 761-8345

CR2E034 (5/99)