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

**PROFIT** CORPORATION **ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # G12862 KEN AND JENNY, INC.

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Apr 23 1997	8:00am
Secretary o	of State

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Principal Place of Business Mailing Address  8887 TAFT ST 6867 TAFT ST HOLLYWOOD FL 33024-5601 US												
							3.	Date Incorporated or Qualif 12/10/1982		Date of La 4/23/199		port
2. Principal P	lace of Business	2a. Mailing 26	Address				4.	FEI Number 59-2254407		-	App	lied For Applicable
Suite, Apt.	#, etc.		Apt. #, etc.				5.	Certificate of Status Desired			+	ditional
City & Stat	е	City & 28	State				6.	Election Campaign Financia Trust Fund Contribution	ng 🔲		A 00.	/lay Be Fees
Zip 24	Country 25	Z(p)		Cou <b>30</b>	intry	,	8.	This corporation has liability Florida Statutes		ible tax und	der s.	199.032,
	9. Name and Address of Cur	rent Registered A	gent		Ĺ,		10.	Name and Address of Nev	v Register	ed Agent		
FEIN	IDT, WAYNE				81	Name						
	) COOLIDGE STREET LYWOOD FL 33024				82	Street A	Address (f	O. Box Number is Not Acce	ptable)		<del></del>	····
					83							
					84	City	<del></del>		F	85	Zip Co	ode
agent, I a SIGNATURE	egistered agent, or both, in the St im familiar with, and accept the ob- Signature, typed or printed name of registered OFFICERS.	iligations of, Sectio	n 607,0505, Fli	t. Registered	utes d Age	nt signature r	required when		DAT	ND DIREC	TORS	IN 12
NAME STREET ADDRESS CITY-ST-ZIP	FEINDT, WAYNE 6967 TAFT ST. HOLLYWOOD FL		□] DELETE	1.1 TII 1.2 NA 1.3 ST 1.4 CI	AME IREET	ADORESS 1 - ZIP				<b>□</b> Cha	nge	Addition
TITLE NAME STREET ADDRESS			DELETE	2.1 1m 2.2 NA 2.3 St	ME	ADDRESS				Cha	nge	Addition
CITY-ST-ZIP TITLE NAME			DELETE	2. 4 CI 3.1 TII 3.2 NA	TLE	S1 · ZIP				Cha	nge	Addition
STREET ADDRESS		<b>45</b>		- 1	REET	ADDRESS S1-ZiP						
TITLE NAME			DELETE	4.1 TIT 4. 2 N	AME					Cha	nge	Addition
STREET ADDRESS						ADDRESS						
*CITY-ST-ZIP			DELETE	4.4 CII		1 - ZIP				Cha	กกอ	Addition
NAME STREET ADDRESS			LJ OCCU	5.2 NA	IME	ADDRESS				L. Olid	uge	AOURION
CITY-ST-ZIP			D become	5.4 CI		1-ZIP						<del></del>
TITLE NAME			☐ DELETE	6.1 TIT 6.2 NA						☐ Cha	nge	Addition
STREET ADDRESS				6351	HEET	ADDRESS						
CITY-ST-ZIP		T	<del></del>	6.4 C)			<del></del>	-7				
14. I do herel informatio	by certify that the information support in Indicated on this annual report of	olied with this filing or supplemental an	doés not quali nual report is t	fy for the	exel ICCH	mption sta	ated in So	ection 119.07(3)(i), Florida Sta	itutes. I für Jegal effec	ther certify	thal th	e nath: that

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 it made under or tam 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: Wayuu Kuu H WHYNE FEINDT PRES 4/19/97 954 981 9856

SIGNATURE: