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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H97045 1. Corporation Name KEN THORNBERRY & ASSOCIATES, INC.

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FILED Jan 28, 1999 8:00am Secretary of State

01-28-1999 90054 043 ***158.75



Principal Place	e of Business	Mailing Addre	ass .		-					
4951 NORTH U	NIVERSITY DR	4951 NORTH (University DR					•		
SUITE 15		SUITE 15								
LAUDERHILL FL	L 33351	LAUDERHILL FL 33351				DO NOT WRITE IN THIS SPACE				
US		US .				3. Date Inc	corporated or Qualife	ed	5	
						01/29/	/1986			
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2. Principal Pl	lace of Business	2a. Mailing A	aaress			1				
21		26				59-26	37/33			lot Applicable
Suite, Apt.	#. etc.	Suite, Apt	t. #, etc.				te of Status Desired	X		Additional
_		27				5. Certificat	te of Status Desired	~	Fee F	Required
22	<u> </u>		210			c Floation	Compoign Einancir		\$5.00	May Be
City & State		City & State			6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees					
23		28								1101-663
Zip	Country	Zip	Co	ountry		8. This cor	poration owes the c	urrent year int		
24	25	29	30			Persona	I Property Tax.		Yes	□No
	9. Name and Address of Current	Registered Age	nt			10. Name a	ind Address of Nev	w Registered	Agent	
	S. Walle und Addison of the Control	itegi		81	Name					
TUO	RNBERRY, KENNETH D.	·								
M2255 100	ACCOUNT NEW PROPERTY DO CHITE	46373		82	Street Ad	Idress (P.O. Box	Number is Not Acce	ptable)		
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				84	City	,			85 Zip	Code
								<u>FL</u>	<u> </u>	
11 Pursuant	to the provisions of Sections 607.0502	and 607.1508, F	lorida Statutes, the	above	e-named co	rporation submits	this statement for t	he purpose of	changing if	ts registered
office or r	to the provisions of Sections 607.0502 registered agent, or both, in the State of	of Florida. Such cl	hange was authorize	ed by	the corpora	ation's board of di	rectors. I nereby ac	cept the appoi	nument as i	egistered
[65] agent: La	m familiar with, and accept the obligati	ions of, Section 6	U7.0000, Florida Sia	alules.	•			. '		
SIGNATURE								DATE		
CICITATIONE	Signature, typed or printed name of registered agent				ıt signature requ	ired when reinstating)			O DIDECT	:000 (N) 40
12.	Signature, typed or printed name of registered agent OFFICERS ANI	DIRECTORS	13		it signature requ	ADDITIO	NS/CHANGES TO			
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14. 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 receive for 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 charged, or final attachment with an address, with all other like empowered.

SIGNATURE

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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