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Feb 11 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J07440 (7)
1. Corporation Name
JOEL D. KENWOOD, P.A.



Principal Place of Business Mailing Address
~~2501 NW 58TH ST~~ 6100 Glades Rd
~~BOCA RATON FL 33496~~ Suite 204
US Boca Raton, FL 33434
~~2501 NW 58TH ST~~
~~BOCA RATON FL 33496~~

3. Date Incorporated or Qualified 04/04/1986
3a. Date of Last Report 04/18/1996
4. FEI Number 59-2658082
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business 2a. Mailing Address
21 6100 Glades Rd Suite, Apt. #, etc.
22 Suite 204
23 City, State Boca Raton, FL
24 Zip 33434 25 Country USA
26 6100 Glades Rd Suite, Apt. #, etc.
27 Suite 204
28 City, State Boca Raton, FL
29 Zip 33434 30 Country USA

9. Name and Address of Current Registered Agent
KENWOOD, JOEL D
~~2501 NW 58TH ST~~ 6100 Glades Road
~~STE 202~~ Suite 204
~~BOCA RATON FL 33496~~ Boca Raton, FL 33434

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. 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 607.05, Florida Statutes.

SIGNATURE: Joel D. Kenwood - President 2/6/97
Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS
TITLE PST ☐ DELETE
NAME KENWOOD, JOEL D.
STREET ADDRESS ~~2501 NW 58TH ST~~ 6100 Glades Road
CITY-ST-ZIP ~~BOCA RATON FL~~ Boca Raton, FL 33434
TITLE D ☐ DELETE
NAME KENWOOD, JOEL D.
STREET ADDRESS ~~2501 NW 58TH ST~~
CITY-ST-ZIP ~~BOCA RATON FL~~
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 6100 Glades Road, Suite 204
1.4 CITY-ST-ZIP Boca Raton, FL 33434
2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 6100 Glades Road, Suite 204
2.4 CITY-ST-ZIP Boca Raton, FL 33434
3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 attachment with an address.

SIGNATURE: Joel D. Kenwood - President 2/6/97 (561) 482-8550
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/96)