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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # J07440

JOEL D. KENWOOD, P.A

FILED Jan 29, 1999 8:00am **Secretary of State**

01-29-1999 90049 010 ***150.00



Principal Place of Business Mailing Address					T SOURSIN OUTS DANS TANDS BENEFI ONLY BENEFI MINES OF A PERSON AND STATE AS A SOUR AS		
6100 GLADES RD 6100 GLADES RD							
STE 204							
T T T T T T T T T T T T T T T T T T T		BOCA RATON FL 33434			DO NOT WRITE IN THIS SPACE		
US US					3. Date Incorporated or Qualifed		
					04/04/1986	. :	
2. Principal F	Place of Business	2a. Mailing Address			4. FEI Number	Applied For	
21				The second secon		Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.				 	75 Additional		
22 27						ee Required	
City & State City & State							
<u> </u>	28				6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees		
Zip	Country Zip		Country				
<u> </u>					8. This corporation owes the current year Intangible Personal Property Tax.		
24	25		30		- diconditional transfer of	3	
ļ	9. Name and Address of Current	Registered Agent	81	Name	10. Name and Address of New Registered Agent		
KFN	IWOOD, JOEL D		61	Name	•		
6100 GLADES RD			82 Street A		ress (P.O. Box Number is Not Acceptable)		
STE 204					Something the state of the stat	F-11-1	
BOCA RATON FL 33434			83		· · · · · · · · · · · · · · · · · · ·	到期期間	
) 600	JA HATUN FL 33434	•	84	City	· · · · · · · · · · · · · · · · · · ·	Zip Code	
			04	City	FL ⁶³ i	Zip Code	
11. Pursuant	to the provisions of Sections 607.0502	and 607,1508, Florida Statute	s, the above	e-named corp	poration submits this statement for the purpose of changing	ng its registered	
office or (registered agent, or both, in the State o am familiar with, and accept the obligati	f Florida. Such change was au	thorized by	the corporation	on's board of directors. I hereby accept the appointment	as registered	
Let To the	an lamilia with, and accept the obligation		iua Statutes	•		,	
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable (NOTE:	Registered Agen	it signature require	od when reinstating) / 6* DATE	 . ,	
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRE	CTORS IN 12	
TITLE	PST	☐ DELETE	1.1 TITLE		Chi		
NAME	KENWOOD, JOEL D.	•	1.2 NAME				
STREET ADDRESS	6100 GLADES RD, STE 204			TADORESS		8	
	BOCA RATON FL	•	1	l	•	, L	
CITY-ST-ZIP	D	□ DELETE	1.4 CITY-S	1-211	☐ Chi	ange	
	· ·		ŀ			ange Addition	
NAME	KENWOOD, JOEL D.	-	2.2 NAME	•			
STREET ADDRESS			2.3 STREET	FADDRESS			
CITY-ST-ZIP	BOCA RATON FL		2. 4 CITY-S	T-ZIP			
TITLE (#2)	ACTOR OF THE STATE OF	C DELETE	3.1 TITLE		□ Cha	ange 🗌 Addition	
NAME			3.2 NAME				
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CITY-ST-ZIP.	1-1-1-1		3.3 STREET	ADDRESS	医甲基酚 医真皮病 网络皮肤皮肤皮肤 有数 有鲁宁 医抗胆病	A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
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		Mari Mari Mari	3.4. CITY-S 4.1 TITLE 4. 2 NAME 4.3 STREET 4.4 CITY-ST	T-ZIP			
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STREET ADDRESS CITY-ST-ZIP TITLE NAME		Mari Mari Mari	3.4. CITY-S 4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY-S 5.1 TITLE 5.2 NAME	T-ZIP ADDRESS T-ZIP			
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		Mari Mari Mari	3.4. CITY-S 4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY-ST 5.1 TITLE 5.2 NAME 5.3 STREET	ADDRESS T-ZIP			
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6.4 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 afactoment with an address, with all other like empowered.