Apr 16, 1999 8:00 am Secretary of State

04-16-1999 90027 046 ***150.00

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

1. Corporation	VIEN # J14050)					_		
	BY KEN, INC.								
Principal Place of Business Mailing Address								BIRIS BIRIS BIRIS BIRIS	01011 01011 H001
P.O. BOX 844 MARCO ISLAND	FL 34146		1104 N COLLIER BLVD MARCO ISLAND FL 34145 US				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed		
II							05/13/1986		
2. Principal Pl	ace of Business	2a. Mi	2a. Mailing Address				4. FEI Number	A	pplied For
21		26	26				59-2691874		ot Applicable
Suite, Apt.	#; etc.	_	Suite, Apt. #, etc.			, ÷	5. Certificate of Status Desired \$8.75 Additional Fee Required		
City & State	•		ty & State				6. Election Campaign Financing		May Be
23		28					Trust Fund Contribution	Added	to Fees
Zip	Country	Zij	7	30 Cou	ntry		This corporation owes the current ye Personal Property Tax.	ear Intangible ☐ Yes	DNo.
24	9. Name and Address of Currel	29		30			10. Name and Address of New Regis		
	9. Name and Address of Curre	iit ivegister	od Agent		81	Name		<u> </u>	
GREUSEL, JAMIE B					82	Changt Ac	eet Address (P.O. Box Number is Not Acceptable)		
1104 N COLLIER BLVD					02	Sueer At	Idless (F.O. Box Number is Not Acceptable)		
MAR	CO ISLAND FL 34145-2547				83				
					84	City		85 Zip	Code
					i i) '		FL	
office or re agent. I a	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida.	Such change was au	ithorized	I DV '	the corpora	orporation submits this statement for the purp- ation's board of directors. I hereby accept the	appointment as i	s registered egistered
SIGNATURE	Signature, typed or printed name of registered age	ant and title if ap	olicable. (NOTE:	Registered	Agen	t signature req		ATE	
12.	OFFICERS AI	ND DIRECT		13.			ADDITIONS/CHANGES TO OFFICE	RS AND DIRECT	
TITLE	PTD		☐ DELETE	1.1 111					
NAME	BROWN, KENNETH			1.2 NA					
STREET ADDRESS					1,3 STREET ADDRESS				
TITLE	MARCO ISLAND FL 34145 VP		DELETE	1.4 CI 2.1 TII		1.715		Change	Addition
NAME	- vp Rosenberg, Maria Christi	M		22 N				_ •	
STREET ADDRESS	936 N BARFIELD DR			1		TADDRESS			
CITY-ST-ZIP	MARCO ISLAND FL 34145			2.4 C					<u> </u>
TITLE	S S		☐ DELETE	3.1 TIT				Change	Addition
NAME	BROWN, JUNE H			3.2 N	ME	1			
STREET ADDRESS		Æ		3.3 ST	REET	r address			
CITY-ST-ZIP	MARCO ISLAND FL 34145			3.4. C		T-ZIP			Fig. 6 a a sec
TILE	··· — —		☐ DELETE	4.1 Ti		}		Change	Addition
NAME				4. 2 N					
STREET ADDRESS						TADORESS			
CITY-ST-ZIP			□ BE ETE	4.4 CI		T-ZIP		Change	Addition
TITLE			DELETE	5.1 TI 5.2 N/				Change	
NAME STREET ADDRESS			•	1		T ADDRESS			
I STREET ADDRESS!	r			- V.V. U.	,				

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 conforation of 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 3 if orlanged an on an attachment with an address with all other like empowered. officer or director of the Block 12 or Block 13 if

DELETE

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

61 TITLE

6.2 NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

CR2E034 (11/98)

Addition

Change