

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

FILED
Apr 17 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # J88682 (6)
1. Corporation Name
KAENAR ENTERPRISES, INC. #1



Principal Place of Business
1601 SOUTH U.S. 1
FT. PIERCE FL 34950
US

Mailing Address
1601 SOUTH U.S. 1
FT. PIERCE FL 34950
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 7724 WEXFORD WAY		26 7724 WEXFORD WAY		08/21/1987	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-2838951	
City & State		City & State		Applied For	
23 PT. ST. LUCIE, FL		28 PT. ST. LUCIE, FL		Not Applicable	
Zip		Zip		5. Certificate of Status Desired	
24 34986-3007		29 34986-3007		30 US	
Country		Country		8.75 Additional Fee Required	
25 US		30 US		6. Election Campaign Financing	
				Trust Fund Contribution	
				5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible	
				Personal Property Tax due June 30.	
				Yes No	

9. Name and Address of Current Registered Agent

BROGAN, FRANCIS B., JR.
515 EAST LAS OLAS BLVD., SUITE 1500
FT. LAUDERDALE FL 33301

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

FL

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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DPT	1.1 TITLE	Change	Addition
NAME	CRAMER, KENNETH J.	1.2 NAME		
STREET ADDRESS	1601 SOUTH U.S. 1	1.3 STREET ADDRESS	7724 WEXFORD WAY	
CITY-ST-ZIP	FT. PIERCE FL	1.4 CITY-ST-ZIP	PT. ST. LUCIE, FL 34986-3007	
TITLE	DVPS	2.1 TITLE	Change	Addition
NAME	CRAMER, ROCHELLE	2.2 NAME		
STREET ADDRESS	1601 SOUTH U.S. 1	2.3 STREET ADDRESS	7724 WEXFORD WAY	
CITY-ST-ZIP	FT. PIERCE FL	2.4 CITY-ST-ZIP	PT. ST. LUCIE, FL 34986-3007	
TITLE		3.1 TITLE	Change	Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE	Change	Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE	Change	Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE	Change	Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		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 attachment with an address.

CR2E034 (10/97)