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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

May 02 1997 8:00am

Secretary of State

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Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K53177

(7)

KENNETH D. REJKO DESIGN CONSULTANTS INC.

Principal Place of Business Mailing Address										- I ENDERTIN BOD UNDE TITOLE FROM TOOL OF OUR BUILD ON OUR BUILD OF OUR BUILD IN OU			
% Kenneth D. 1290 Amberle Dunedin Fl 34	A COURT WE	1	% KENNETH D. REJKO 1290 Amberlea Court West Dunedin Fl. 34698-4707										
									7	<ol> <li>Date Incorporated or Qualified 12/22/1988</li> </ol>		ate of Last <b>/26/1996</b>	
2. Principal Place of Business				2s. Mailing Address					1	4. FEI Number			Applied For
21				26						59-2931055			Not Applicable
Suite, Apt. #, etc				Suite, Apt. #, etc.					1	5. Certificate of Status Desired			Additional
City & State				City & State						Fee Required			
23				28					6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
Zip				<b>├</b> ──┐ '			untry			8. This corporation has liability for			s. 199.032.
24 25 25 9. Name and Address of Current				29 30 30 Booletored Agent						Florida Statutes Yes No  10. Name and Address of New Registered Agent			
DE II	KO, KENNE		Trent Heg	Istered Agen			B1	Name	<u>'</u>	U. Name and Address of New Ac	giateraci	Agent	
1290 AMBERLEA COURT WEST Dunedin FL 34698							82	2 Street Addr		(P.O. Box Number is Not Acceptal	ole)		
DOIN	LUNTE	1000					83	<del>_</del>					
							84	City			FL	_   85   Zir	Code
11. Pursuant I office or re agent. Lai	to the provisi egistered ag m familiar wi	ions of Sections 607. ent, or both, in the S thi and accept the o	0502 and tate of Flo	607.1508, Flo orida Such ch of Section 6	orida Statu lange was 07.0505. Fl	tes, the a authorize	above ed by	named the corp	corporation's	tion submits this statement for the s board of directors. I hereby acce	ourpose o	of changing pointment a	its registered is registered
SIGNATURE.	TO THE STATE OF TH	an and accorpitation		0,, 000,, 00									
SIGNATORE.	Signature, typed	or printed name of registere	id agent and t	otle if applicable.	(NO	TE Register	ed Age	nt signature	required wi	hen reinstating)	DATE		
12.		OFFICERS	AND DIR			13.				ADDITIONS/CHANGES TO OFFICE	CERS AN		
TITLE	DP IVO I	/PAINIPTAL D		L	DELETE		TITLE					Change	Addition
NAME		(enneth d Berlea Court V	HECT			- 1	NAME						
STREET ADDRESS	DUNEDIN		IESI			1		ADDRESS					
CITY - S1 - ZIP	ST	1 FL			DELETE		CITY - S	T-ZIP				Change	Addition
TIFLE		AMANDA W		L	DEFEIE		TITLE					FT CHAING	L) Additions
NAME		BERLEA COURT V	VEST				NAME	4000000					
STHEET ADDRESS	DUNEDIN							ADDRESS					i
CHY-ST-ZIP THLE					DELETE		TITLE	ST-ZIP				Change	Addition
NAMÉ				_			NAME						
STREET ADDRESS								ADDRESS					
CITY-ST ZIF							CITY-						
TITLE					DELETE		TITLE					Change	Addition
NAME						4.2	NAME						
STREET ADDRESS						4.3	STREET	ADORESS					
CITY-S1-ZIP						4.41	CITY-S	T-ZIP					
TITLE					DELETE	5.1	TITLE					Change	Addition
NAME						5.2	NAME						
STREET ADDRESS						5.3	STAEET	ADDRESS					
CITY - S1 - 7/P					82.12.12		CITY-S	T-ZIP					
3)11/6				L	DELETE		TITLE					Change	Addition
NAME						1	NAME						
STREET ADDRESS						6.3	STREET	ADDRESS					

SIGNATURE: LEWIS AND LYPER OR BRANCH WITH A RECORD FOR THE D. REJKO) 4 25/97 (813) 734-DOE

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 innual report or supplemental innual 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 coefficient rustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name