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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # K61968 1. Corporation Name

FILED Feb 18, 1999 8:00am **Secretary of State**

02-18-1999 90036 017 ***150.00

KEN CUNNINGHAM, INC. Mailing Address Principal Place of Business 74 N.F. 103RD STREET 74 N.E. 103RD STREET MIAMI SHORES FL 33138 MIAMI SHORES FL 33138 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualifed 01/25/1989 2a. Mailing Address 4. FEI Number 2. Principal Place of Business Applied For 65-0096806 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certifcate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Added to Fees Trust Fund Contribution 23 28 Zip Country Zip Country 8. This corporation owes the current year Intangible Personal Property Tax. 24 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name CUNNINGHAM, KEN Street Address (P.O. Box Number is Not Acceptable). 74 N.E. 103RD STREET MIAMI SHORES FL 33138 83 84 City 85 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, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 13. OFFICERS AND DIRECTORS ☐ DELETE ☐ Change ☐ Addition 1.1 TITLE TITLE CUNNINGHAM, KEN 1.2 NAME NAME 74 N.E. 103RD STREET 1.3 STREET ADDRESS STREET ADDRESS MIAMI SHORES FL 1.4 CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE ☐ Change Addition 2.1 TITLE TITLE CUNNINGHAM, MARIA B. 2.2 NAME NAME 74 N.E. 103RD STREET 2.3 STREET ADDRESS STREET ADDRESS MIAMI SHORES FL CITY-ST-ZIP 2.4 CITY-ST-ZIP ☐ DELETE 3.1 TITLE . Change ☐ Addition TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP □ DELETE Change 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE ☐ Change ☐ Addition 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition 6.1 TITLE DELETE Change TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP

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, with all other like empowered

SIGNATURE:

han SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)