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 # K82051

THE MC	KENDREE GREENS CORP.								
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Principal Place	e of Business	Mailing Address			\neg	i italiaiti aar iotto itais antau att		T \$1 W 1 W 1 T T 1 W 1 T	11 3 11 61611 1861
1740 CALUMET		1740 CALUMET ST							
CLEARWATER F		CLEARWATER FL 33765							
US	:	US			L	DO NOT WRIT	E IN THIS	SPACE	
						3. Date Incorporated or Qualifed			
						04/19/1989			<u>.</u>
2. Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number		Ap	plied For
21	•	26				59-2951789			ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired		\$8:757	
22	•	27				5. Certificate of States Desired		Fee Re	equired
City & State	e	City & State				6. Election Campaign Financing		\$5.00	May Be
23		28				Trust Fund Contribution		Added	
Zip	Country	Zip	Countr	ry		8. This corporation owes the curre	ent year Inta	angible	
24	25	29	30			Personal Property Tax.		X Yes	□No
	9. Name and Address of Current					10. Name and Address of New R	legistered /	Agent	
· · · · ·			8	1 Name		Dalamb			
	E, WAYNE		8	2 Street	Keau	ting, Robert is (P.O. Box Number is Not Accepta	hla\		
1740	CALUMET ST		. "			Calumet St.	inie)		
CLEA	ARWATER FL 33765		8		/	Canada See			
}								 	
}		•	. 8		~7	_ 1	FL		Code 1765
<u> </u>	to the provisions of Sections 607.0502	1007 4500 Florido Statuto	- the abo			arwater	nurnana of	obonaina ite	registered
11. Pursuant office or re	to the provisions of Sections 607.0502 registered agent, or both, in the State of the familiar with and accept the obligation	and 607,1506, Florida Statule of Florida, Such change was au	thorized b	y the corpo	oration'	's board of directors. I hereby accep	the appoir	itment as re	gistered
	m familiar with and accord the obligation	ions of Section 607.0505, Flori	ida Statute	25.					i
agent. rai									
SIGNATURE	Total () her	la _							
SIGNATURE	Signature, typed or printed name registered agent	and title i applicable. (NOTE: I	Registered Ag			rhen reinstating)	DATE		
SIGNATURE	Signature, typed or printed name registered agent OFFICERS AND	and title applicable. (NOTE: I	Registered Ag	ent signature n			DATE		
SIGNATURE 12. TITLE	Signature. Speed or printed name of objective agent OFFICERS AND	and title i applicable. (NOTE: I	Registered Ag 13.	ent signature n		rhen reinstating)	DATE	D DIRECTO	ORS IN 12
SIGNATURE 12. TITLE NAME	Signature. Speed or printed name of objectered agent OFFICERS AND DT ROSEN, JACK	and title applicable. (NOTE: I	13. 1.1 TITLE	ent signature n		rhen reinstating)	DATE	D DIRECTO	ORS IN 12
SIGNATURE 12. TITLE	Signature. Speed or printed name: registered agent OFFICERS AND DT ROSEN, JACK 353 MANITOU DR	and title applicable. (NOTE: I	13. 1.1 TITLE 1.2 NAME 1.3 STRE	ent signature n		rhen reinstating)	DATE	D DIRECTO	ORS IN 12
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name and distance agent OFFICERS AND DT ROSEN, JACK 353 MANITOU DR KITCHENER ON	and title popicible. (NOTE: D DIR CTOPS	13. 1.1 TITLE 1.2 NAME 1.3 STRE 1.4 CITY-	ent signature n		rhen reinstating)	DATE	D DIRECTO	DRS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, Speed or printed name of Registered agent OFFICERS AND DT ROSEN, JACK 353 MANITOU DR KITCHENER ON P	and title applicable. (NOTE: I	13. 1.1 TITLE 1.2 NAME 1.3 STRE	ent signature n		rhen reinstating)	DATE	D DIRECTO	ORS IN 12
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature. Speed or printed name Projectored agent OFFICERS AND DT ROSEN, JACK 353 MANITOU DR KITCHENER ON P ROSE, WAYNE	and title popicible. (NOTE: D DIR CTOPS	13. 1.1 TITLE 1.2 NAME 1.3 STRE 1.4 CITY- 2.1 TITLE 2.2 NAME	ent signature of		rhen reinstating)	DATE	D DIRECTO	DRS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature. Syped or printed name registered agent OFFICERS AND DT ROSEN, JACK 353 MANITOU DR KITCHENER ON P ROSE, WAYNE 1740 CALUMET ST	and title popicible. (NOTE: D DIR CTOPS	13. 1.1 TITLE 1.2 NAME 1.3 STRE 1.4 CITY- 2.1 TITLE 2.2 NAME	ent signature of		rhen reinstating)	DATE	D DIRECTO	DRS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature. Speed or printed name of Signature agent OFFICERS AND OFFIC	and title popicible. (NOTE: D DIR CTOPS	13. 1.1 TITLE 1.2 NAME 1.3 STRE 1.4 CITY- 2.1 TITLE 2.2 NAME	ent signature n		rhen reinstating)	DATE	D DIRECTO	ORS IN 12 Addition
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SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature. Speed or printed name of Signature agent OFFICERS AND OFFIC	and bile papiliciple. (NOTE: 1) D DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STRE 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STRE 2.4 CITY	eent signature of		rhen reinstating)	DATE	D DIRECTO	ORS IN 12 Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature. Speed or printed name of explosioned agent OFFICERS AND OFF	and bile papiliciple. (NOTE: 1) D DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STRE 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAME	eent signature of		rhen reinstating)	DATE	D DIRECTO	ORS IN 12 Addition
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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 with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

FILED Apr 25, 1999 8:00 am Secretary of State

04-25-1999 90036 023 ***150.00