

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 14 PM 2:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L50071

(4)

1. Corporation Name

KENJER CORPORATION

Principal Place of Business

Mailing Address

C/O ROBERT CONNORS
1550 SOUTH OCEAN DR., APT. #B-8
FT. PIERCE FL 34949

C/O ROBERT CONNORS
1550 SOUTH OCEAN DR., APT. #B-8
FT. PIERCE FL 34949

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
02/15/1990

3a. Date of Last Report
06/14/1994

4. FEI Number
65-0236670

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 189.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.
B-7

26 Suite, Apt. #, etc.
B-7

23 City & State

28 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GOLIS, PAUL R ESQUIRE
WATTERSON/HYLAND/BAIRD/NICHOLS/KLETT, P.A.
11380 PROSPERITY FARMS RD, STE. 112
PALM BEACH GARDENS FL 33410

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME CONNORS, ROBERT
STREET ADDRESS 1550 S. OCEAN DR., APT. #B-8
CITY - ST - ZIP FT. PIERCE FL 34949

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

☒ Change ☐ Addition

#B-7

TITLE VD
NAME NIEMEIER, DONALD
STREET ADDRESS 1550 S. OCEAN DR. APT #C-18
CITY - ST - ZIP FT. PIERCE FL 34949

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE STD
NAME MELVIN, BETTY
STREET ADDRESS 1550 S. OCEAN DR., APT. #B-8
CITY - ST - ZIP FT. PIERCE FL 34949

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

☒ Change ☐ Addition

#B-7

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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.

SIGNATURE:

Donald A. Niemeier
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-95

Date

407-464-8240

Telephone Number