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

CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

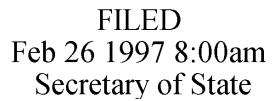
Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name L62852

(3)

KENSCO, INC.





Principal Place of Business Mailing Address 255 US 27 NORTH 255 US 27 NORTH						
SOUTH BAY		SOUTH BAY FL 33493-	-1817			
					3. Date Incorporated or Qualified 04/05/1990	3a. Date of Last Report 06/28/1996
2. Principal	Place of Business	2a. Mailing Address			4. FEI Number	Applied For
1		26			65-0182726	Not Applicab
Suite, Apt. #, etc		} ₁	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
2 City & Sta	ate	City & State			6. Election Campaign Financing	\$5.00 May Be
3		28			Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Соц	intry	8. This corporation has liability for	r intangible tax under s. 199.032,
4	25	29	30		Florida Statutes	Yes No
	9. Name and Address of Cui	rent Registered Agent		81 Name	10. Name and Address of New F	legistered Agent
	ERKOWITZ, SCOTT			VI Name		
255 US 27 NORTH SOUTH BAY FL 33493				82 Street Address (P.O. Box Number is Not Acceptable)		
31	DOID DALEL SOPES			83		
				20 05		len Zie Oeste
				84 City		FL 85 Zip Code
agerit I SIGNATURE					rporation's board of directors. I hereby account of the second of the se	DATE
12.		AND DIRECTORS	13.	o Agent and less		ICERS AND DIRECTORS IN 12
TITLE	D	☐ DELETE	1.1 10	TLE		☐ Change ☐ Addition
NAMÉ	BERKOWITZ, SCOTT U.S. 27, 255 No	. 17-	1.2 N	AME		
STREET ADDRESS	5 U.S. 27, 255 No	044	1.3 \$1	REET ADDRESS		
CITY-SI-ZIP	SOUTH BAY FL	DELETE		TY-ST-ZIP		Change Addition
)ITLF		["] Direse	2.1 TI 22 N		<u>.</u>	Chenge Chyonne
name Street adores:	e e			4me Treet address	, 1	
OTY-ST-7IP	3		1 .	ineet addancos HTY-ST-ZIP	' :	
TITLE		DELETE	3.1 11			Change Additi
NAME:			3.2 N	AME		
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TITLE		DELETE	4.1 11			Change
name Street aodresi	e l		4.26	iame Treet address	,	
STREET BOUNCS. DITY-ST-ZiP	3			ITY-ST-ZIP	'	
DILE		☐ DELETE	517			Change Additi
NAME			5.2 N	AME		
STREET ADORES	S		5.3 S	TREET ADDRESS	s 	
CHY-ST-ZP				ITY-ST-ZIP		
TITLE		☐ DELETE	6.1 To			☐ Change ☐ Additi
NAME DENIES ADDOCC			6.2 N			
STREET ADDRES	5		1	TREET ADDRÉS!		
CITY-ST-7IP			6.4 C	TY-ST-ZIP	<u> </u>	

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 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 proportion 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 Blg

SIGNATURE: