

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

PROFIT
CORPORATION
ANNUAL REPORT

1996



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

DOCUMENT # M12169 (2)

1. Corporation Name

ALAN KENT ENTERPRISES, INC.



Principal Place of Business

% ALAN J. KENT
5906 MELALEUCA LANE
LAKE WORTH FL 33463

Mailing Address

% ALAN J. KENT
5906 MELALEUCA LANE
LAKE WORTH FL 33463

2. Principal Place of Business

21 State Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 State Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified
03/05/1985

3a. Date of Last Report
03/02/1995

4. FEI Number
59-2620114

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. 193.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HOLMBERG, BRUNI
5906 MELALEUCA LANE
LAKE WORTH FL 33463

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 607.0602 and 607.0603, 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 607.0603, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

1. PD
NAME KENT, ALAN J.
STREET ADDRESS 5906 MELALEUCA LANE
CITY, STATE, ZIP LAKE WORTH FL

2. [] DELETE

NAME

STREET ADDRESS

CITY, STATE, ZIP

3. [] DELETE

NAME

STREET ADDRESS

CITY, STATE, ZIP

4. [] DELETE

NAME

STREET ADDRESS

CITY, STATE, ZIP

5. [] DELETE

NAME

STREET ADDRESS

CITY, STATE, ZIP

6. [] DELETE

NAME

STREET ADDRESS

CITY, STATE, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. 1. TITLE [] Change [] Addition

12 NAME

13 STREET ADDRESS

14 CITY, STATE, ZIP

2. 2. TITLE [] Change [] Addition

22 NAME

23 STREET ADDRESS

24 CITY, STATE, ZIP

3. 3. TITLE [] Change [] Addition

32 NAME

33 STREET ADDRESS

34 CITY, STATE, ZIP

4. 4. TITLE [] Change [] Addition

42 NAME

43 STREET ADDRESS

44 CITY, STATE, ZIP

5. 5. TITLE [] Change [] Addition

52 NAME

53 STREET ADDRESS

54 CITY, STATE, ZIP

6. 6. TITLE [] Change [] Addition

62 NAME

63 STREET ADDRESS

64 CITY, STATE, ZIP

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 119.07(3)(g), 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 it made under oath. 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 of this filing. I am an officer or director of the corporation.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ALAN J. KENT

PREC

1/14/96

407-964-1163

Long-term Phone #

CR2E034 (12/95)