## J-29-98 B- 1053 C FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998

KENESCO INC.



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M35878

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## FILED Jan 29 1998 8:00am Secretary of State

Principal Place of Business Mailing Address				
10 CENTRAL PARKWAY	10 CENTRAL PARKWAY			
200 STUART FL 34994	200 Stuart FL 34994		DO NOT WOITE IN THE	CDACE
US US			DO NOT WRITE IN THIS SPACE	
			3. Date Incorporated or Qualified 07/29/1986	
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21	26		59-2700058°	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22	27		5. Certificate of Status Desired	Fee Required
City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
23	28		Trust Fund Contribution	Added to Fees
Zip Country	Zip Co-	untry	8. This corporation owes or has paid the cu	rrent year Intangible
24 25	29 30		Personal Property Tax due June 30.	Yes No
Name and Address of Current Registered Agent     10. Name and Address of New Registered Agent				Agent
KUCHLER, KEN 10 CENTRAL PKWY SUITE 200 STUART FL 34994		81 Name		
		00 00-11	Ideas (D.O. Davida La Calletta	
		82 Street Addre	dress (P.O. Box Number is Not Acceptable)	
		83		· · · · · · · · · · · · · · · · · · ·
		<b>B4</b> City	FL	85 Zip Code
44 0	1007 (500 )	<u> </u>		
<ol> <li>Pursuant to the provisions of Sections 607.0502 office or registered agent, or both, in the State of agent. I am familiar with, and accept the obligation</li> </ol>	of Florida, Such change was authorize	ed by the corporati		
SIGNATURE				
Signature, typed or printed nankt of registered agent and title if applicable (NOTE: Registered Agent signature required whon reinstating) DATE				

OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE 1.1 TITLE Change Addition TITLE KUCHLER, KEN NAME 1.2 NAME 10 CENTRAL PKWY SUITE 200 1.3 STREET ADDRESS STREET ADDRESS STUART FL 1.4 CITY-ST-ZIP CITY-ST-2IP ☐ DELET**E** 2.1 TITLE ☐ Change Addition TITLE 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Change Addition TITLE A 1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE □ DELETE 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP CITY-ST-ZIP

14. Thereby 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 true of the end of the corporation or the receiver or true of the end of the corporation of the receiver of the corporation or the receiver of the corporation or the receiver of the corporation of the corporation of the receiver of the corporation of the corporation of the receiver of the receiver of the corporation of the receiver of t

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