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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M42830

(3)

KEG SOUTH OF KENDALL, INC.

Principal Place of Business

12905 S.W. 136TH AVE. MIAMI EL 33186 Mailing Address

1506 BLACK BEAR CT WINTER SPRINGS FL 32708 US FILED
Jan 23 1998 8:00am
Secretary of State



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/08/1986 2. Principal Place of Business 4. FEI Number Applied For 1504 Blac 21 59-2771692 Not Applicable Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible 29 Personal Property Tax due June 30. ☐ Yes □ Ño 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name ZENG, ROBERT E. Street Address (P.O. Box Number is Not Acceptable) 1506 BLACK BEACH CT 82 WINTER SPRINGS FL 32708 83 City 84 Zip Code 85 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** d name of registered agent (NOTE: Registered Agent signature required when reinstating) if applicable 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TOTALE DELETE 1.1 TITLE Change Addition ZENG, ROBERT E. NAME 1.2 NAME 1508 BLACK BEACH CT STREET ADDRESS 1.3 STREET ADDRESS WINTER SPRINGS FL 32708 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE TITLE Change Addition 2.1 TITLE ZENG, SUZANNE NAME 22 NAME 1506 BLACK BEACH CT. STREET ADDRESS 23 STREET ADDRESS WINTER SPRINGS FL 32708 CITY-ST-ZIP 2.4 CITY-ST-7IP DELETE TITLE Addition 3.1 TITLE ☐ Change NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP DELETE TITLE 4.1 TITLE Change Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE DELETE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADORESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE TITLE 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-7P 6.4 CITY-ST-ZIP

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 recoiver 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.