

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Feb 24, 1999 8:00 am  
Secretary of State

02-24-1999 90052 024 \*\*\*158.75

DOCUMENT # M47757

1. Corporation Name  
KENNER HOMES, INC.



Principal Place of Business

P.O. BOX 560926  
MIAMI FL 33256-0926  
US

Mailing Address

P.O. BOX 560926  
MIAMI FL 33256-0926  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/05/1987

4. FEI Number

59-2775920

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 owes the current year Intangible  
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

9. Name and Address of Current Registered Agent

~~SIEGFRIED, STEVEN M. ESQ.~~  
~~201 ALHAMBRA CIRCLE~~  
~~SUITE 300~~  
~~CORAL GABLES FL 33146~~

10. Name and Address of New Registered Agent

81 Name

KENNETH GOMBERG

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

13644 SW 92nd COURT

83

84 City

MIAMI

FL

85 Zip Code

33176

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

*Kenneth Gombert*  
Signature, typed or printed name of registered agent and address, if applicable.

PRESIDENTS

1-13-99

DATE

12. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PD  
GOMBERG, KENNETH  
13644 S.W. 92 CT.  
MIAMI FL 33176

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DSVP  
GOMBERG, JEANNETTE  
1 GROVE ISLE DR., APT 605  
COCONUT GROVE FL 33133

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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 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, with all other like empowered.

SIGNATURE:

*Kenneth Gombert*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-13-99

Date

1-305.665.3222

Daytime Phone #

CR2E034 (11/98)