


FILE NOW: FILING FEE IS \$61.25

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Apr 27, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N16011
 1. Corporation Name
FEDERATION-KENT HOLDING CORPORATION

Principal Place of Business 13191 STARKEY ROAD SUITE 8 LARGO FL 33773 US	Mailing Address 13191 STARKEY ROAD SUITE 8 LARGO FL 33773 US
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2. Principal Place of Business 21 Suits, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	3. Date Incorporated or Qualified 07/24/1986	4. FEI Number 59-2855628	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required		
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees		

9. Name and Address of Current Registered Agent SILVERBERG, MARK M 13191 STARKEY ROAD SUITE 8 LARGO FL 34643	10. Name and Address of New Registered Agent 81 Name Jim Soble 82 Street Address (P.O. Box Number is Not Acceptable) 2996 Sandpiper Pl 83 84 City Clearwater FL 85 Zip Code 33762
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: *[Signature]* JAMES B. SOBLE DATE: 4/20/99

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SOBLE, JIM		1.2 NAME	
STREET ADDRESS 2996 SANDPIPER PL		1.3 STREET ADDRESS	
CITY-STATE-ZIP CLEARWATER FL		1.4 CITY-STATE-ZIP	
TITLE DV	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME RUTENBERG, CHARLES		2.2 NAME	
STREET ADDRESS 3140 MASTERS DRIVE		2.3 STREET ADDRESS	
CITY-STATE-ZIP CLEARWATER FL		2.4 CITY-STATE-ZIP	
TITLE DST	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME KENT, REVA		3.2 NAME	
STREET ADDRESS 3136 MASTERS DRIVE		3.3 STREET ADDRESS	
CITY-STATE-ZIP CLEARWATER FL		3.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-STATE-ZIP		4.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-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 617, 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: *[Signature]* JAMES B. SOBLE DATE: 4/20/99 813-222-6621

Signature, typed or printed name of signing officer or director Date Daytime Phone #