

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

FILED

Jan 30 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P09575

(2)

1. Corporation Name

KENNEDY, CABOT & CO.

Principal Place of Business

9470 WILSHIRE BLVD.  
BEVERLY HILLS CA 90212

Mailing Address

9470 WILSHIRE BLVD.  
BEVERLY HILLS CA 90212-2707

3. Date Incorporated or Qualified  
03/26/1986

3a. Date of Last Report  
01/24/1996

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

95-2101264

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. 199.032,  
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

10. Name and Address of New Registered Agent

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 607.0502 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> DELETE
NAME	ANTOSH, JAMES	
STREET ADDRESS	9470 WILSHIRE BLVD	
CITY - ST - ZIP	BEVERLY HILLS CA	
TITLE	VTS	<input type="checkbox"/> DELETE
NAME	SKROMEDA, STEPHEN D.	
STREET ADDRESS	9470 WILSHIRE BLVD	
CITY - ST - ZIP	BEVERLY HILLS CA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GEBBIA, JOHN	
STREET ADDRESS	9470 WILSHIRE BLVD.	
CITY - ST - ZIP	BEVERLY HILLS CA	
TITLE	V	<input type="checkbox"/> DELETE
NAME	KUPPER, GEORGE	
STREET ADDRESS	9470 WILSHIRE BLVD	
CITY - ST - ZIP	BEVERLY HILLS CA	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	GEBBIA, DAVID	
STREET ADDRESS	9470 WILSHIRE BLVD	
CITY - ST - ZIP	BEVERLY HILLS CA 90212	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	GEBBIA, RICHARD	
STREET ADDRESS	9470 WILSHIRE BLVD	
CITY - ST - ZIP	BEVERLY HILLS CA 90212	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

STEPHEN D. SKROMEDA 1/22/97 800 252-0090

CR2E034 (9/96)