

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

FILED
Jun 05 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P92000003613**
1. Corporation Name
KC-KENNY LAWN MAINTENANCE INC.

Principal Place of Business
**1750 SW 6th PLACE
BOCA RATON, FLORIDA
33486**

Mailing Address
**P.O. Box 1157
DEERFIELD BEACH
FL 33441**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified March 1, 1992	4. FEI Number 65-0376856	Applied For <input type="checkbox"/> 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		
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30 <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name **GUY M. GRAY, ACCOUNTANT**
82 Street Address (P.O. Box Number is Not Acceptable)
517 DOTTERIE ROAD #30-D
83
84 City **DEERFIELD BEACH** FL 85 Zip Code **33441**

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 **X** **Guy M. Gray** **6/1/98**
(Signature typed or printed in block letters below the signature line) (Date)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	LUIS SANTOS, PRES.	<input type="checkbox"/> DELETE		1.1 TITLE	LUIS SANTOS, PRES.	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	1750 S.W. 6th PLACE			1.2 NAME	1750 S.W. 6th PLACE		
STREET ADDRESS	BOCA RATON, FLORIDA 33486			1.3 STREET ADDRESS	BOCA RATON, FLORIDA 33486		
CITY-ST-ZIP				1.4 CITY-ST-ZIP			
TITLE	NELSON SANTOS	<input checked="" type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	3336 QUATH CLOSE			2.2 NAME			
STREET ADDRESS	POMPANO BEACH - FL 33486			2.3 STREET ADDRESS			
CITY-ST-ZIP				2.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE	0000002551080	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				3.2 NAME	-06/08/98--01058--020		
STREET ADDRESS				3.3 STREET ADDRESS	***150.00		
CITY-ST-ZIP				3.4 CITY-ST-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-ST-ZIP				4.4 CITY-ST-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-ST-ZIP				5.4 CITY-ST-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-ST-ZIP				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 supplementary 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: **X** **PRESIDENT** **6/1/98** **561-362-1184**
(Signature typed or printed in block letters below the signature line) (Date) (Daytime Phone #)

CR2E034 (10/97)