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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

Apr 16 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9200008954 (9)

KENARL, INC.

STREET ADDRESS

SIGNATURE:

appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CITY - ST - ZIP

Principal Place of Business Mailing Address  483 CINDY DRIVE 483 CINDY DRIVE WEST PALM BEACH FL 33414 WEST PALM BEACH FL 33414-5114												
								3. Date Incorporated or Qualified 11/30/1992		ite of Last R	eport	7
2. Principal	Place of Business	2a. Mailin	ng Address					4. FEI Number			plied For	-
21		26					1	65-0375110		<del> </del>	ot Applicable	,
Suite, Ap	t #, etc.		Apt. #, etc.							\$8.75		1
22		27	27					5. Certificate of Status Desired	U	Fee Re	equired	
City & Sta	ate	City &	State					6. Election Campaign Financing		\$5.00	May Be	
23		28		····				Trust Fund Contribution		Added	to Fees	_]
Zrp	Country	Zip					This corporation has liability for Intangible tax under s. 199.03				. <b>19</b> 9.032,	
24	[25]	29				Florida Statutes Yes  10. Name and Address of New Registered			No.			
	9. Name and Address of Cur	teur vedisteren i	Agent		81	Name		10. Name and Address of New Re	distalan.	Agent		-
1	VPIR, M R				٠'	Hante						
-	45 PALM BEACH LAKES BLVD				82	Street A	ddres	ss (P.O. Box Number is Not Acceptat	ile)			
	JITE 1200			į	83					<u></u>	·	$\dashv$
į w	EST PALM BEACH FL 33437				•							
				[	84	City			E1	<b>85</b> Zip	Code	7
11 Purcuan	at to the provisions of Sections 607.	1502 and 607 150	R Florida Statu	tes the at	200/6	a-named s	corno	ration submits this statement for the p	Uracea o	changing if	s registered	_
office or	registered agent, or both, in the St	ate of Florida. Suc	ch change was	authorized	d by	the corp	oratio	n's board of directors. I hereby accep	ot the app	ointment as	registered	
		ingations of, Secti	on 607.0505, Fi	orida Siai	utes	s.						1
SIGNATURE	Signature, typed or printed name of registered	agent and title it applica	able. (NO	E: Registered	Age	nt signature i	periuper	when reinstating)	DATE	<del></del>		
12.	OFFICERS	AND DIRECTORS		13.				ADDITIONS/CHANGES TO OFFICE	ERS AND	DIRECTOR	IS IN 12	]ହ
TITLE	D		DELETE 1.1		1.1 TITLE					☐ Change	☐ Addition	6
NAME	ADAMS, KENNETH M			1.2 NA	ME	]						S
STREET ADDRESS				1.3 ST	AEET	ADDRESS						CR2E034 (9/96)
CITY - ST - ZIP	WEST PALM BEACH FL 334	414		1.4 CF	[Y-S]	T-21P						_ ଝୁ
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NAME				3.2 NA								
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THE			DELETE	5.1 Til		ļ				Change	Addition	
NAME				5.2 NA								
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NAME	Į.			6.2 NA	ME	į						ı

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