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

PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P92000008954 (9)

KENARL, INC.

FILED Feb 20 1998 8:00am Secretary of State

Principal Plac	e of Business	Mailing	Address			4 DODINGOLDO DE DESTO SERVE DE LA GOLES DOSFE	BOIGH 16(60 1818) BINTH BIRT INGL	
483 CINDY DRIVE 483 CINDY DRIVE WEST PALM BEACH FL 33414 WEST PALM BEACH FL 33414				2414				
WEST FALM DEADTH 15 33414 WEST FALM DEADTH FE 33				3717		DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualified		
						11/30/1992		
2. Principal P	lace of Business	2a, Mail	ing Address			4. FEI Number	Applied For	
21		26			_	65-0375110	Not Applicable	
Suite, Apt.	#, etc.	Suite	∋, Apt. #, etc .			5. Certificate of Status Desired	\$8.75 Additional	
22		27				a. Cortinicate of Status Desired	Fee Required	
City & State	e	City	& State			6. Election Campaign Financing	\$5.00 May Be	
23		28				Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	1	Country	′	8. This corporation owes or has paid the	 / `	
24	25	29		30		Personal Property Tax due June 30.	Yes No	
	g, Name and Address of Curre	nt Registered	Agent	B1		10. Name and Address of New Register	ed Agent	
	PIR, M R			61	Name			
1645 PALM BEACH LAKES BLVD					82 Street Address (P.O. Box Number is Not Acceptable)			
	ITE 1200			-				
WE	IST PALM BEACH FL 33437			83				
				84	City		85 Zip Code	
			·				L	
11. Pursuant	to the provisions of Sections 607.050	02 and 607.15	08, Florida Statute	s, the above	e-named corporation	poration submits this statement for the purpos tion's board of directors. I hereby accept the	e of changing its registered	
agent la	m familiar with, and accept the oblig	ations of Sec	tion 607.0505, Flor	ida Statutes	7 (110 COI POI A 5.	non's board of directors. Thereby accept the	appointment as registered	
SIGNATURE								
	Signature, typed or printed name of registered ag				ent signature requi	ired when reinstating) DAT		
12.	OFFICERS AN	ID DIRECTOR		13.		ADDITIONS/CHANGES TO OFFICERS		
TITLE	D		DELET E	1.1 TITLE			☐ Change ☐ Addition	
NAME	ADAMS, KENNETH M			1.2 NAME				
STREET ADDRESS	483 CINDY DRIVE			1.3 STREET	ADDRESS			
CITY-ST-ZIP	WEST PALM BEACH FL 334	14		1.4 CITY-S	T-ZIP			
TITLE	D 40410 4015 0		DELETE	21 TITLE			☐ Change ☐ Addition	
NAME	ADAMS, ARLE P			2.2 NAME				
STREET ADDRESS	483 CINDY DRIVE		2.4	2.3 STREET	ADORESS			
CITY-ST-ZIP	WEST PALM BEACH FL 334	14		2. 4 CITY - 5	ST-ZIP			
TITLE			L_ DELETE	3.1 TITLE	Ì		☐ Change ☐ Addition	
NAME				3.2 NAME				
STREET ADDRESS				3.3 STREET	ADDRESS			
CITY-ST-ZIP			DELEVE	3.4. CITY - S	ST-ZIP		T 66 T 42	
TITLE			∐ DELETE	4.1 THILE			Change Addition	
NAME				4. 2 NAME				
STREET ADDRESS				4.3 STREET	1			
CITY-ST-ZIP			Dr. +++	4.4 CITY-S	T- ZIP		T 01 1777.00	
TITLE			DELETE	5.1 TITLE			☐ Change ☐ Addition	
NAME				5.2 NAME				
STREET ADDRESS				5.3 STREET	address			
CITY-ST-ZIP			·····	5.4 CITY - S	T-ZIP	····		
TITLE			DELETE	6.1 TITLE			Change Addition	
NAME	•			6.2 NAME				
STREET ADDRESS				6.3 STREET	ADDRESS			
CITY-ST-ZIP				6.4 CITY - ST	T-21P			

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 changes, or on an attachment with an address.

SIGNATURE:

(S0)79.3-75.31