PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPASTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000046433

KENCO COMMUNITIES I, INC.

May 04, 1999 8:00 am Secretary of State

05-04-1999 90022 047 ***158.75



	e of Búsiness	Mailing Address			***************************************					
1000 CLINT MOORE ROAD		1000 CLINT MOORE ROAD				•				
SUITE 110		SUITE 110				DO NOT WRITE IN THIS SPACE				
BOCA RATON FL 33487		BOCA RATON FL 33487			3. Date incomo	3. Date Incorporated or Qualifed				
					06/30/199	_				
2 Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	· · · · · · · · · · · · · · · · · · ·		App	lied For	
	ace of dusiness	26			65-042496	30			Applicable	
Suite, Apt.	# etc	Suite, Apt. #, etc.					. \$8	75 Ac	ditional	
22	, , , , , , , , , , , , , , , , , , , ,	27			5. Certifcate of	Status Desired L	1	ee Req	uired	
City & State	9	City & State			6. Election Cam	paign Financing ,	¬ \$	5.00 N	May Be	
23		28			Trust Fund C			dded to	- 1	
Zip	Country	Zip	Coun	try	8. This corporat	tion owes the current	t year Intangible			
24	25	29	0		Personal Pro		☐ Ye		No	
	9. Name and Address of Current	Registered Agent				ddress of New Reg	istered Agent			
				B1 Nan	ne				1	
FINKELSTEIN, RICHARD		82 Street		et Address (P.O. Box Numb	per is Not Acceptable	9)				
1000 CLINT MOORE ROAD, SUITE 110)	L							
BOC	A RATON FL 33487			83					}	
	:		-	84 City		#H#	85	Zip Ci	ode	
							<u>FL</u>			
11. Pursuant	to the provisions of Sections 607.0502 egistered agent, or both, in the State of	and 607.1508, Florida Statutes Florida, Such change was aut	, the ab horized	ove-nam	ed corporation submits this rooration's board of directo	statement for the pure. I hereby accept t	rpose of chang he appointment	ing its r as regi	egistered	
agent. I a	m familiar with, and accept the obligation	ons of, Section 607.0505, Florid	la Statui	es.		, .	• •	•		
SIGNATURE							DATE		\	
	Signature, typed or printed name of registered agent a OFFICERS AND	<u> </u>	13.	igent signati	re required when reinstating)	HANGES TO OFFIC		ECTOR	RS IN 12	
12.	PD OFFICERS AND	DELETE	1,1 TITL	E	ADDITIONORS	THE TO CITE		hange	Addition	
NAME	ENDELSON, KENNETH M		1.2 NAN				_	-		
STREET ADDRESS	1000 CLINT MOORE ROAD, SUI	FF 440		EET ADDRE	56					
1	BOCA RATON FL	II 1111			1				I	
CITY-ST-ZIP		IE 110	6							
ппε		DELETE	6	Y-ST-ZIP				nange	Addition	
TITLE	VPTS		1.4 CIT	Y-ST-ZIP E				nange	Addition	
NAME	VPTS FINKELSTEIN, RICHARD	☐ DELETE	1.4 CIT 2.1 TITL 2.2 NAM	Y-ST-ZIP E ME	SS			nange	☐ Addition	
NAME STREET ADDRESS	VPTS FINKELSTEIN, RICHARD 1000 CLINT MOORE ROAD, SUI	☐ DELETE	1.4 CfT 2.1 TfTL 2.2 NAA 2.3 STR	Y-ST-ZIP E ME REET ADDRE	ss			nange	Addition	
NAME STREET ADDRESS CITY-ST-ZIP	VPTS FINKELSTEIN, RICHARD 1000 CLINT MOORE ROAD, SUI BOCA RATON FL	☐ DELETE	1.4 CfT 2.1 TfTL 2.2 NAA 2.3 STR	Y-ST-ZIP E ME MEET ADDRE Y-ST-ZIP	ss			nange	Addition Addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE	VPTS FINKELSTEIN, RICHARD 1000 CLINT MOORE ROAD, SUI BOCA RATON FL VPD	DELETE	1.4 CfT 2.1 TITL 2.2 NAA 2.3 STR 2.4 CfT	Y-ST-ZIP E ME MEET ADDRE Y-ST-ZIP E	555					
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	VPTS FINKELSTEIN, RICHARD 1000 CLINT MOORE ROAD, SUI BOCA RATON FL VPD MARKS, EVAN	DELETE TE 110	1.4 CIT 2.1 TITL 2.2 NAM 2.3 STR 2.4 CIT 3.1 TITL 3.2 NAM	Y-ST-ZIP E ME MEET ADDRE Y-ST-ZIP E	<u> </u>					
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	VPTS FINKELSTEIN, RICHARD 1000 CLINT MOORE ROAD, SUI BOCA RATON FL VPD MARKS, EVAN 520 MADISON AVE., 33RD FLOO	DELETE TE 110	1.4 CFT 2.1 TITL 2.2 NAA 2.3 STF 2.4 CFT 3.1 TITL 3.2 NAA 3.3 STF	Y-ST-ZIP E AE AEET ADDRE Y-ST-ZIP E	<u> </u>					
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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 changed, of the accuracy of the receiver or trustee empowered.

1. PRES

561-997-5760