## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT



FLORIDA DEPARTMENT OF STATE

	ORATION L REPOF <b>996</b>	2   2   2   3   4   -	DIP.	Secretar	F Mortnam ry of State CORPORATIC 	DNS				
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KENCO	CLUB, IN	C.								
incipal Place of	* Business		Maiang Addin	ess				Alit Baill aan	li Aidin Ailin Aildi	(8111 8131 19 <b>8</b> 1
SUITE 110	CLINT MOORE ROAD 110 RATON FL 33487		1000 CLINT MOORE ROAD SUITE 110 BOCA RATON FL 33487			Date Incorporated or Qualified     3a. Date of Last Report				
	70		2a. Mating A	ddress			<b>07/01/1993 4.</b> FEI Number	, <u>L</u>	05/01/199	<b>5</b> Applied For
Principal Plac	e of Business	5	26				65-0442004		,	Not Applicable
Suite, Apt #,	etc.		Suite An	it #, etc			5. Certificate of Status Desired	A	<b>4</b> - · · ·	Additional Required
City & State			City & St	cile <sup>1</sup>			Flection Campaign Financing     Trust Fund Contribution			0 May Be d to Fees
Zip		Country	<b>28</b> Zp		Country		8. This corporation has liability	for intangit	ole tax under s	
	2 Name a		29 rrent Registered Age	 ent	<u> </u> 30		Florida Statutes   10. Name and Address of Ne			
	9. Name a	III Audiess of Cur	Tem Tregistered Ag		81	Name				
FINKELSTEIN, RICHARD					82 Street Add		ress (P.O. Box Number is Not Acce	ptable)		
		ROAD, SUITE 11	10		83					
BOCA RA	TON FL 33	3487							—- <del></del>	
					84	4 City			FL B5 2	ıp Code
						named corpo poration's boo	eration submits this statement for the ard of directors. I hereby accept the	e purpose c appointme	of changing its nt as registere	registered offi diagent. Lam
or registere familiar with GNATURE	id agent, or b i, and accept	t the obligations of S	Section 607,0505, Flo	vida Statutes.	early the corp	po ation s po	ration submits this statement for the and of directors. I haveby accept the discussional and ADDITIONS/CHANGES TO		VIE	ORS IN 12
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SIGNATURE:

SIGNAPORE AND THEO BY PRINTED NAME OF SIGNING OFFICER OF DIRECTOR MEANS THE MEDICISON 4/30/90 407-417-576-0