

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000087101 (0)

1. Corporation Name
KENCOM, INC.



Principal Place of Business
11220 SAN SEBASTIAN LANE
BONITA SPRINGS FL 33923

Mailing Address
11220 SAN SEBASTIAN LANE
BONITA SPRINGS FL 33923

3. Date Incorporated or Qualified 12/20/1993	3a. Date of Last Report 02/26/1995
4. FEI Number 52-1858212	Applied For 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 has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KENYON, CHARLES L
9775 WHITEHALL ST
NAPLES FL 33942
11220 San Sebastian Lane
Bonita Springs Fl 33923

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

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

Signature typed or printed name of registered agent and title, if applicable.

(Block 13) Registered Agent's signature (no insurance when required)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD KENYON, CHARLES L 9775 WHITEHALL ST NAPLES FL 11220 San Sebastian Lane Bonita Springs Fl 33923	<input type="checkbox"/> DELETE	1.1 TITLE
NAME			<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			1.2 STREET ADDRESS
CITY - ST - ZIP			1.3 CITY - ST - ZIP
TITLE	STD KENYON, ROSALYN M 9775 WHITEHALL ST NAPLES FL 11220 San Sebastian Lane Bonita Springs Fl 33923	<input type="checkbox"/> DELETE	2.1 TITLE
NAME			<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			2.2 STREET ADDRESS
CITY - ST - ZIP			2.3 CITY - ST - ZIP
TITLE		<input type="checkbox"/> DELETE	3.1 TITLE
NAME			<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			3.2 NAME
CITY - ST - ZIP			3.3 STREET ADDRESS
TITLE		<input type="checkbox"/> DELETE	3.4 CITY - ST - ZIP
NAME			4.1 TITLE
STREET ADDRESS			<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY - ST - ZIP			4.2 NAME
TITLE		<input type="checkbox"/> DELETE	4.3 STREET ADDRESS
NAME			4.4 CITY - ST - ZIP
STREET ADDRESS			5.1 TITLE
CITY - ST - ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> DELETE	5.2 NAME
NAME			5.3 STREET ADDRESS
STREET ADDRESS			5.4 CITY - ST - ZIP
CITY - ST - ZIP			6.1 TITLE
TITLE		<input type="checkbox"/> DELETE	<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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, or on an attachment with an address.

SIGNATURE:

Rosalyn M Kenyon
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-96

Date

941-939-9870

Display Phone #

CR2E034 (12/95)