**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90050 009 \*\*\*150.00

DOCUMENT # P9400035057												
KENT GI	ROUP ENTERPRISES, INC.											
-												
Principal Place	of Business	Ma	ailing Address			<del></del>				<b>i</b> ihidi <b>d</b> ilih <b>de</b> h		
243 W. INDIANTOWN ROAD 243 W. INDIANTOWN ROAD												
JUPITER FL 33458			JUPITER FL 33458				DO	DO NOT WRITE IN THIS SPACE				
US		US					3. Date Incorporated o			OUNCE		
							05/02/1994				1	
2. Principal Pl	ace of Business	2a.	Mailing Addre	ss			4. FEI Number			Α	pplied For	
21		26				•	65-0494510				lot Applicable	
Suite, Apt.	#, etc.		Suite, Apt. #,	etc.			5. Certificate of Status	Desired			Additional	
		27					0, 00, 11,00,00 0, 01,00,00				Required	
City & State	е	$\vdash$	City & State				6. Election Campaign	_		•	May Be I to Fees	
23		28	Zip		Country		Trust Fund Contribu				1 to rees	
Zip	Country 25	29	414	30	-ound y	·	This corporation ow Personal Property T		an year in	Trangible ☐ Yes	™No	
24	9. Name and Address of Curre		tered Agent				10. Name and Address		egisterec	Agent		
			<u> </u>	_	81	Name						
SCH	ROEDER, NORMAN L II				82	Street Ad	dress (P.O. Box Number is N	lot Accepta	ble)			
101 N J STREET						Ollectria	41000 (1 10: 20x 110m22: 12 1	355 (F.O. Box Number is Not Acceptable)				
SUITE 1					83				- ·	•	. ]-	
LAKI	E WORTH FL 33460				84	City				85 Zip	Code	
	·								<u> F</u> I			
office or re	to the provisions of Sections 607.056 egistered agent, or both, in the State	of Florid	da Such chanc	ie was authori	zea ov	tne comora	rporation submits this statem tion's board of directors. I he	ent for the reby accep	purpose o	ointment as i	egistered (	
agent. I a	m familiar with, and accept the obligi	ations of	, Section 607.0	505, Florida S	tatutes	<b>3.</b>		•				
SIGNATURE			:/ P	(MOTE: Basis		at almost up toou	ired when reinstating)		DATE			
12.	Signature, typed or printed name of registered age OFFICERS AI				ered Age 13.	nt signatule requ	ADDITIONS/CHANG	ES TO OF		ND DIRECT	ORS IN 12	
TITLE	P	10 011112	□ DE		1 TITLE			,		☐ Change		
NAME	SANDBERG, ROBERT P			1	.2 NAME							
STREET ADDRESS	276 SUSSIX CIRCLE			1	3 STREE	T ADDRESS						
CITY-ST-ZIP	JUPITER FL 33458			1	4 CITY-S	T-ZIP						
TITLE			☐ DE	LETE 2	.1 TITLE					Change	Addition	
NAME				2	.2 NAME					•	}	
STREET ADDRESS				2	.3 STREE	T ADDRESS						
CITY-ST-ZIP					. 4 CITY-	ST-ZIP	**** *********************************			☐ Change	Addition	
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NAME					2 NAME							
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CITY-ST-ZIP					.4. CITY-:	ST- ZIP				Change	Addition	
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CITY-ST-ZIP					4 CITY-S							
TITLE	<u> </u>		☐ DE		.1 TITLE	<del></del>				Change	Addition	
NAME	<b>\</b>			5	.2 NAME							
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CITY-ST-ZIP			<u> </u>		4 CITY-5	ST-ZIP						
TITLE			☐ DE		i.1 TITLE	_				Change	Addition	
NAME					2 NAME						{	
STREET ADDRESS				€	.3 STREE	TADDRESS						

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, or on an attachment with an address, with all other like empowered.

SIGNATURE: