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Feb 06 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P94000045853 (6)

Corporation Name
KENNEL, INC.

Place of Business
NORTH LAKE BLVD.
FL 33403

Mailing Address
3914 NORTHLAKE BLVD.
LAKE PARK FL 33403-1537



3. Date Incorporated or Qualified 06/20/1994		3a. Date of Last Report 04/25/1996	
4. FEI Number 65-0500299		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			
Principal Place of Business 26. Mailing Address 27. Suite, Apt. #, etc. 28. City & State 29. Zip 30. Country			
9. Name and Address of Current Registered Agent SARPLE, KENNETH G 407 ANCHORAGE LANE NORTH PALM BEACH FL 33408		10. Name and Address of New Registered Agent 81. Name 82. Street Address (P.O. Box Number is Not Acceptable) 83. City 84. Zip Code 85. State	

I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
DDP SARPLE, KENNETH G 407 ANCHORAGE LANE NORTH PALM BEACH FL	<input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	DDP SARPLE, KENNETH G 356 GOLFVIEW RD APT 61 N.P.B. FL 33408
ST SARPLE, NORMA 407 ANCHORAGE LANE NORTH PALM BEACH FL	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	ST SARPLE, NORMA 356 GOLFVIEW RD APT 61 N.P.B. FL 33408
	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	000002080030 -02/06/97--01017--026 ***165.00

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.

CR2E034 (9/96)