Applied For

\$8.75 Additional

-Fee Required -

\$5.00 May Be

Added to Fees

**M**No

Not Applicable

## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P9400069275

Country

9. Name and Address of Current Registered Agent

25

KENT-TRONICS & ASSOC. INC.

Principal Place of Business

2. Principal Place of Business

BROY, KENT A

144 ST.CROIX AVENUE

Suite, Apt. #, etc.

City & State

21

22

23

24

Ζiρ

Mailing Address

2a. Mailing Address

City & State

Suite, Apt. #, etc.

26

27

28

29

Zip

144-ST. CROIX-AVENUE 441 S. BADAMA COCOA BEACH FL 32931 River Bius.

144 ST. CROIX AVENUE 441 S. BANDAD COCOA BEACH FL 32931 RUJU BWD.

Country

81

30

## **FILED** Mar 04, 1999 8:00 am **Secretary of State**

03-04-1999 90021 046 \*\*\*150.00



	DO NOT WRITE IN THIS SPACE
3.	Date Incorporated or Qualifed

09/20/1994 4. FEI Number

59-3276598

5. Certifcate of Status Desired

6. Election Campaign Financing

8. This corporation owes the current year Intangible

10. Name and Address of New Registered Agent

Trust Fund Contribution

Personal Property Tax.

Street Address (P.O. Box Number is Not Acceptable)

COCOA BEACH FL 32931							
		84	City	FL.	85	Zip Co	de
office or r	to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the egistered agent, or both, in the State of Florida. Such change was authorized familiar with, and accept the obligations of, Section 607.0505, Florida S	ed by	the corpo	corporation submits this statement for the purpose of coration's board of directors. I hereby accept the appoint	nangin ment a	g its re as regis	gistered stered
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Register	red Agei	nt signature re	equired when reinstating) DATE			
12.	OFFICERS AND DIRECTORS 1	3.		ADDITIONS/CHANGES TO OFFICERS AND	DIRE	CTOR	S IN 12
TITLE	D DELETE 1:	TITLE			Cha	inge	Addition
NAME		NAME					
STREET ADDRESS	144 ST. CROX AVENUE 441 S. BANDOR KING	STREE	TADDRESS				
CITY-ST-ZIP	COCOA BEACH FL 32931 BUD. 12	CITY-S	T-ZIP				
TITLE	D DELETE 2:	ιπιε			Cha	inge	☐ Addition
NAME	BROY, CHERILYNN 441 S. BANGUA RIVER 2	NAME					
STREET ADORESS	77, 3.	STREE	T ADDRESS				
CITY-ST-ZIP	3000	4 CITY-S	ST-ZIP	ئەيلىك ئايىلىكى ئايى ئايىلىكى ئايىلىكى ئ		. <del>-</del> -	
TITLE	DELETE 3.	TITLE			☐ Cha	inge	Addition
NAME	333	NAME					
STREET ADDRESS	3.3	STREE	TADDRESS				
CITY-ST-ZIP	3.4	L CITY-S	ST-ZIP				
TITLE	☐ DELETE 4:	TITLE			Cha	inge	Addition
NAME	4.	2 NAME	1				
STREET ADDRESS	4.3	STREE	TADDRESS				
CITY-ST-ZIP	4.4	CITY-S	T-ZIP				
TITLE	☐ DELETE 5:	TITLE			☐ Cha	inge	Addition
NAME	5.3	NAME					
STREET ADDRESS	5.3	STREE	TADDRESS				
CITY-ST-ZIP	54	CITY-S	T-ZIP				· _
TITLE	DELETE 6.1	TITLE			☐ Cha	nge	☐ Addition
VAME	6.2	NAME					
STREET ADDRESS	6.3	STREE	TADDRESS				
CITY-ST-ZIP	6.4	CITY-S	T-ZIP				
14. I hereby c	certify that the information supplied with this filing does not qualify for the e	xempt	ion stated	in Section 119.07(3)(i), Florida Statutes. I further certif	y that	the info	rmation

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:

2.11.99 407-453-7800