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

FILED Mar 08, 1999 8:00 am Secretary of State 03-08-1999 90080 019 ***150.00

DOCUMENT # **P94000069985**1. Corporation Name

KEN DESTEFANO, INC.

Principal Place of Business Mailing Address						,			
6950 CYPRESS RD. 6950 CYPRESS RD.						Ì			
#102 PLANTATION FL 33317 PLANTATION FL 33317						DO NOT WRITE IN THIS SPACE			
-CANTATION PL 33317 PLANTATION PL 33317						3. Date Incorporated or Qualifed			
						09/22/1994		ļ	
Principal Place of Business 2a, Mailing Address						4. FEI Number	X Ar	plied For	
71 12850 S.R. 84 20 12850 S.A			R.S	R. 84		65-0520604	No	ot Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.						5. Certifcate of Status Desired	\$8.75	Additional	
2 17-27 27 17-27			_			5. Certificate of Status Desired	Fee Re	equired	
City & State City & State						6. Election Campaign Financing	\$5.00	May Be	
3 Davie Fl 28 Divie			<u> </u>			Trust Fund Contribution	Added	to Fees	
Zip	Country	Zip	_	intry		8. This corporation owes the current year			
<u> 3338</u>			0	<u>()5</u>		Personal Property Tax.	Yes	□No	
9. Name and Address of Current Registered Agent						10. Name and Address of New Register	ad Agent		i
DEC:	TECANO KEN			81	Name	•)	
DESTEFANO, KEN				82	Street Addre	iress (P.O. Box Number is Not Acceptable)			1
6950 CYPRESS RD.				<u> </u>					l
#102 PLANTATION FL 33317				83		,		,	ı
PLAI	WATION PL 33317			84	City		85 Zip	Code	ı
				$\perp \perp$		F			i
11. Pursuant	to the provisions of Sections 607.05	502 and 607.1508, Florida Statutes te of Florida, Such change was aut	s, the a	bove-	named corpo ne corporation	ration submits this statement for the purpose n's board of directors. I hereby accept the ap	of changing its pointment as re	registered gistered	
agent. I a	m familiar with, and accept the oblig	gations of, Section 607.0505, Florid	da Stat	utes.				·)	!
SIGNATURE		fores.							
	Signature, typed or printed name of registered as	3		d Agent a	signature required	when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	NPC 1NI 12	000
12.	PD OFFICERS A	AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS	☐ Change	Addition	1
TITLE			1.2 NAME					_ {	•
NAME	DESTEFANO, KEN		1.3 STREE		nnerce			ł	2
STREET ADDRESS			1		1			}	
CITY-ST-ZIP TITLE	PLANTATION FL 33317	☐ DELETE	2.1 Ti	me	ZIF		☐ Change	☐ Addition	ן כ
		C 355215	2.2 N				– •	_)	l
NAME					ODDESS			ĺ	l
STREET ADDRESS			•	2.3 STREET ADDRESS				i	l
CITY-ST-ZIP	DELETE		_	2. 4 CITY- ST-ZIP			☐ Change	Addition	1
TITLE			3.2 N		-		↓	_	l
NAME					DORESS				
STREET ADDRESS									-
CITY-ST-ZIP		□ DELETE	4.1 Ti	77-57-	-217		Change	Addition	l
{			4.21			4-			ı
NAME_	·				DDRESS	t-		Ì	
STREET ADDRESS				TY-ST-	l			}	
CITY-ST-ZIP TITLE		☐ DELETE	5.1 7		ZIF		☐ Change	Addition	l
NAME				AME					ı
STREET ADDRESS			•		DDRESS				ı
CITY-ST-ZIP				ITY-ST-	Į.			}	i
TITLE	<u> </u>	☐ DELETE	6.1 T				Change	Addition	1
NAME			6.2 N	AME	1				l
STREET ADDRESS			6.3 S	TREET A	UDDRES\$			ļ	
CITY-ST-ZIP				i.4 CITY-ST-ZIP					1
MI 1. 01. 72	L	. — — — — — — — — — — — — — — — — — — —		<u>:</u>		740 57/0/20 51 71 67 77 77			1

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 informatic 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 an an attachment with an address, with all other like empowered.

SIGNATURE: