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

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Mar 10, 1999 8:00 am
Secretary of State
03-10-1999 90150 011 ***150.00

PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P94000072077**

1. Corporation Name
WYNN KENT CONSULTANTS, INC.

Principal Place of Business	Mailing Address
~~621 N.W. 53RD ST~~ 6400 CONGRESS AVE ~~SUITE 320~~ SUITE 2800 BOCA RATON FL 33487 US	~~1900 CORPORATE BLVD~~ 6400 CONGRESS AVE ~~SUITE 400~~ SUITE 2800 BOCA RATON FL ~~33431~~ 33487 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 6400 CONGRESS AVE	2a. Mailing Address 26 6400 CONGRESS AVE
Suite, Apt. #, etc. 22 SUITE 2800	Suite, Apt. #, etc. 27 SUITE 2800
City & State 23 BOCA RATON FL	City & State 28 BOCA RATON FL
Zip / Country 24 33487 / 25 US	Zip / Country 29 33487 / 30 US

3. Date Incorporated or Qualifed: 09/30/1994

4. FEI Number: 65-0527357 ☐ Applied For ☐ Not Applicable

5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
KENT, IRWIN I ~~1900 CORPORATE BLVD~~ 6400 CONGRESS AVE ~~SUITE 400W~~ SUITE 2800 BOCA RATON FL ~~33431~~ 33487	81 Name: KENT, IRWIN I 82 Street Address (P.O. Box Number is Not Acceptable): 6400 CONGRESS AV SUITE 2800 83 BOCA RATON 84 City: FL 85 Zip Code: 33487

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE	D	☒ Change ☐ Addition
NAME	KENT, IRWIN I		1.2 NAME	KENT IRWIN I	
STREET ADDRESS	~~1900 CORPORATE BLVD, SUITE 400W~~ 6400 CONGRESS AVE SUITE 2800		1.3 STREET ADDRESS	6400 CONGRESS BLVD SUITE 280	
CITY-ST-ZIP	BOCA RATON FL, 33487		1.4 CITY-ST-ZIP	BOCA RATON FL 33487	
TITLE	D	☐ DELETE	2.1 TITLE	D	☒ Change ☐ Addition
NAME	KENT, KENNETH		2.2 NAME	KENNETH KENT	
STREET ADDRESS	~~1900 CORPORATE BLVD, SUITE 400W~~ 6400 CONGRESS AVE SUITE 2800		2.3 STREET ADDRESS	6400 CONGRESS AVE SUITE 2800	
CITY-ST-ZIP	BOCA RATON FL, 33487		2.4 CITY-ST-ZIP	BOCA RATON, FL 33487	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (11/98)

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: _____ 3/1/99 561-988-0880
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #