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PROFIT
CORPORATION
ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000027333 (0)

KENT BOND INC.

Principal Place of Business

COOL N. SETH ST --

SIGNATURE

Mailing Address

9001 N 56TH ST --

FILED Mar 11 1997 8:00am Secretary of State



50HN C. BOND 3.697 813.988.2132

TEMPLE TERRACE FL 33617		TEMPLE TERRACE FL 33617-5533								
						3. Date Inc 04/03/	corporated or Qualified 1995		te of Last R 18/1996	eport
2. Principa' Pla	ice of Business	2a. Mailing Address	ng Address A			4. FEI Nun				plied For
111301 N. 5617 ST. 26 51			me			65-03	576966			t Applicable
Suite, Apt. #, etc. # 10 27 Suite, Apt. +			elc.			5. Certifica	ate of Status Desired		\$8.75 / Fee Re	Additional equired
City & State City & State						6. Election	Election Campaign Financing		\$5.00 May Be	
3 EMPLE ERPACE L. 28						Trust Fu	Trust Fund Contribution Added to Fees			
Zip Country Zip					Country		This corporation has liability for intangible tax under s. 199.032,			
9. Name and Address of Current Registered Agent			30			Florida Statutes X Yes No 10. Name and Address of New Registered Agent				
		i Registereo Agent		81	Name	IU, Maille i	IIIO AUGIESS OI ITOM II	adietolen i	- your	
KENT-BOND, CELIA					Harrio					
8718 CORAL DAWN CT TAMPA FL 33637				82	Street Ac	dress (P.O. Box Number is Not Acceptable)				
				83						
				03						
				84	City			FL	85 Zip	Code
4.4 D	o the provisions of Sections 607.050	O and CO7 1EO9 Florido Ctate	don the o	<u></u>	named co	arporation eulpmit	e this statement for the		changing i	renistered
office or re	o the provisions of Sections 607,050 egisterned agent, or both, in the State of familiar with, and accept the oblig	of Florida_Such change was	authorize	d by	the corpo	ration's board of	directors. I hereby acc	ept the app	ointment as	registered
agent. Lap	tamiliar with and accept the oblig-	ations at section 607.0505 F	lorida Sta	tutes.		2 ~ 1~	The new	71	00	
SIGNATURE ,	June	Thing	704	<u>tN</u>	C.	DOND	HUSILLENI	DATE DATE	2.4/	
12.	OFFICERS AN		13.	d Ager	ii signature re	quired when reinstating	NS/CHANGES TO OFF	ICERS AND	DIRECTOR	RS IN 12
INLE C	P	DELETE	1.1 J	ITLE	Т	,,,,,,,,			Change	Addition
	BOND, JOHN C		1.2 N							
	3718 CORAL DAWN CT.			1.3 STREET ADDRESS						
(11Y - \$1 - ZIP	TAMPA FL 33637			ITY-ST						
1171E	S	DELETE	2.1 T	•					Change	Addition
NAME	KENT-BOND, CELIA J	_	2.21		i					
STREET ADDRESS	8718 CORAL DAWN CT.			2.3 STREET ADDRESS						
CHY-ST-ZIP	TAMPA FL 33637			CITY - S	1					
Milt		DELETE	3.1 7		,		***************************************		Change	Addition
NAME			321	IAME						
STREET ADORESS			•		ADDRESS					
CITY-SI-ZIP			34	CITY-S	T-71P					
lilif		DELETE	4.11				······································		Change	Addition
NAME			4.2	NAME	1					
STREET ADDRESS			4.3 \$	TREET	ADDRESS					
CHTY - ST - ZIP			4.4 (::::::::::::::::::::::::::::::::::::::	T-ZIP					
THEE		DELETE	5.17	ITLE					Change	Addition
NAME			5.2 1	IAME						
STREET ADORESS			5.3 \$	TREET	ADDRESS					
City - St - ZiP			5.4 (CITY-S	T-21P					
THLE		DELETE	6.1 1	ITLE					Change	Addition
NAME			621	NAME						
STREET ACORESS			6.3 3	STREET	ADDRESS					
C-1Y - S1 - 20P				CITY-S		1	1			
14. I do hereb information I am an of	by certify that the information supplied indicated on this annual report or flicer or director of the corporation o	cupulemental annual report is	s true and owered to	ACCL.	irate and t	hat my signature	shall have the same le	nal effect a	s it made ur	nder oath: th: