

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
Apr 16, 1999 8:00 am
Secretary of State

04-16-1999 90025 015 ***150.00

DOCUMENT # P95000053188

1. Corporation Name
KENWICK INDUSTRIES, INC.

Principal Place of Business

2455 E. SUNRISE BLVD
STE 512
FT. LAUD. FL 33304
US

Mailing Address

2455 E. SUNRISE BLVD
STE 512
FT. LAUD. FL 33304
US

2. Principal Place of Business

21 2455 E. Sunrise Blvd
Suite, Apt. #, etc. 512

22 City & State FT. Lauderdale, FL

23 Zip 33304 Country USA

2a. Mailing Address

26 2455 E. Sunrise Blvd
Suite, Apt. #, etc. 512

27 City & State FT. Lauderdale, FL

28 Zip 33304 Country USA

9. Name and Address of Current Registered Agent

WEISSMAN, HAROLD
1776 PINE ISLAND RD.
SUITE 118
PLANTATION FL 33322

3. Date Incorporated or Qualified

07/07/1995

4. FEI Number
65-0596319

Applied For
Not Applicable

5. Certificate 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

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE S
NAME NABRIDGE, MARGIE
STREET ADDRESS 2445 E SUNRISE BLVD, STE 512
CITY-ST-ZIP FT LUD FL 33304

TITLE VP
NAME GLICKMAN, SHEL
STREET ADDRESS 2445 E SUNRISE BLVD, 512
CITY-ST-ZIP FT LAUD FL 33304

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRESIDENT
1.2 NAME KENNETH
1.3 STREET ADDRESS WULWICK
1.4 CITY-ST-ZIP 2455 E. SUNRISE BLVD
FT. LAUD, FL 33304

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SHEL GLICKMAN

4-15-99

Date

954-566-5604

Daytime Phone #

CR2E034 (11/98)