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

**PROFIT CORPORATION ANNUAL REPORT** 1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT # P95000065181 (6)

KENEAN, INC.

Principal Place of Business

420C C LHIDEDT AVE

Mailing Address

4325 S HIRERT AVE

## **FILED** May 06 1997 8:00am Secretary of State



TAMPA FL 3361	1		TAMPA FL 33611	-1345			·			
			:		:		3. Date Incorporated or Qualified 08/22/1995	3a. Date of Last Report 05/01/1996		
2. Principal Pi	lace of Business	2a. Mailing Add	2a. Mailing Address			4. FEI Number		A	pplied For	
21			26	26			59-3334227		Not Applicable	
Suite, Apt. #, etc.			Suite, Apt. #	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State 23			⊢₁ ′	City & State			Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip 24	25	Country	Zip	<del> </del>			8. This corporation has liability for intangible tax under s. 199.0 Florida Statutes			3. 199.032,
	9. Name and	Address of Curre	nt Registered Agent				10. Name and Address of New Re	gistered #	gent	
ARTI	HUR, TRACY K				81	Name				
	SOUTHPOINT	DRIVE NORTH			82	Street A	ddress (P.O. Box Number is Not Acceptate	ole)		
	E 500									<del> </del>
JACH	KSONVILLE FL :	32216			B3					
	·				84	City		FL	<b>85</b> Zip	Code
office or r agent. I a SIGNATURE	m familiar with, ar	nd accept the obli	e of Florida. Such cha gations of, Section 607	7.0505, FIO	orida Statute	·S.	corporation submits this statement for the poration's board of directors. I hereby accepagate when reinstating)	pt the app	ointment as	; registered
12.			ND DIRECTORS		18.		ADDITIONS/CHANGES TO OFFICE	CERS AND	DIRECTOR	RS IN 12
TITLE	D			DELETE	1.4 TITLE				Change	Addition
NAME	BAILEY, KENE	AN			1.2 NAME					
STREET ADDRESS	4325 S HUBE				1.8 STREE	T ADDRESS				
CITY-ST-ZIP	TAMPA FL 33	611			1.4 CITY -	S1-ZIP				11.00-
TITLE			L) i	ELETE	2.4 1111.6	l			☐ Change	Addition
NAME					2.2 NAME					
STREET ADDRESS					. I	1 ADDRESS				
CITY-ST-ZIP TITLE				DELETE	2. 4 C(TY - 3.1 T)TLE	S1-ZIP			Change	Addition
NAME			۵.		3.2 NAME					
STREET ADDRESS					1	T ADDRESS				
CITY-ST-ZIP	-				3 4. CITY					
TITLE				DELETE	41 TITLE				☐ Change	Addition
NAME					4 2 NAMI	:				
STREET ADDRESS					4 3 STREE	I ADDRESS				
CITY-ST-ZIP					44 CITY-	ST-ZIP				
TITLE			∐ [	DELETE	5.1 THEF				Change	Addition
NAME					5.2 NAME					
STREET ADDRESS						1 ADDRESS				
CITY-ST-ZIP				DELETE.	5.4 CiTY-	ST-ZIP		· · · · · · · · · · · · · · · · · · ·	Chanca	Addition
TITLE			t	DELETE	6.1 TITLE				∐ Change	L AUURION
NAME					G2 NAME	7 105050C				
STREET ADDRESS						T ADDRESS				•
CITY-ST-ZIP	<u> </u>				6.4 CITY-	ST-ZIP				<del></del>

I do 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.