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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

FILED

Apr 28 1998 8:00am

Secretary of State

A REPRESENTATION FOR A STATE BEACH ROOMS AND A STATE OF A STATE OF

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000092316 (5)

KENN VISSER CONSULTING, INC.

Principal Place of Business Mailing Address						(1001) 1001 STORY COLOR OF THE SOUR SOUR SOUR SOUR SOUR SOUR STORY STORY STORY STORY STORY STORY STORY STORY		
1754 BAYSHORE DRIVE ENGLEWOOD FL 34223 US		DAVID A DUNKIN. PA 170 W DEARBORN STREET ENGLEWOOD FL 34223				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified		
		US				12/05/1995	ì	
2. Principal Pi	ace of Business	2a. Mailing Address				4. FEI Number Applied For	r	
21		26	26			65-0632887 Not Applica	able	
Suite, Apt. i	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired S8.75 Additiona	1	
22 City & Ctote		City & Ciata				Fee Required	\dashv	
City & State	Ð	City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
Zip	Country Zip Co			try		This corporation owes or has paid the current year Injangible	_	
24	25	29	30			Personal Property Tax due June 30. Yes	i	
	9. Name and Address of Curre	nt Registered Agent				10. Name and Address of New Registered Agent		
	nkin, david a		1	B1	Name			
	WEST DEARBORN STREET		8	32	Street A	Address (P.O. Box Number is Not Acceptable)		
ENG	GLEWOOD FL 34223-3290		-	33			\dashv	
				33				
			€	94	City	FL 85 Zip Code		
11. Pursuant t	to the provisions of Sections 607.050	02 and 607.1508, Florida Statut	es, the abo	LL.	named o	corporation submits this statement for the purpose of changing its register	red	
office or re	egi ster ed agent, or both, in the State m familiar with, and accept the oblig	e of Florida. Such change was a strong of Section 607,0505. Flo	authorized orida Statu	by tes.	the corp	poration's board of directors. I hereby accept the appointment as registere	id	
SIGNATURE	The same with a second second second	,	.,,				ļ	
	Signature, typed or printed name of registered ag			Agen	l signature r	required when reinstating) DATE		
12.		ID DIRECTORS	13.		···	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Additions/Change	ition	
TOTALE	PD VENIN	☐ DELETE	1.1 TiTL			LA Change L. Aou	ILION	
NAME	the division than the		4	1.2 NAME 1.3 STREET ADDRESS 17		1754 Bayshore Drive		
STREET ADDRESS CITY-ST-ZIP	ENGLEWOOD FL 34224		1.3 STR			Englewood, FL 34223		
TITLE	STD	DELETE	2.1 7170		-"	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	tion	
NAME			2.2 NAM	2.2 NAME		,]	
STREET ADDRESS	1460 GULF BLVD., UNIT 11		2.3 STREET ADD		DDRESS	1754 Bayshore Drive		
CITY-ST-ZIP	ENGLEWOOD FL 34224		2.4 CIT	Y-ST	-ZIP	Englewood, FL 34223		
TITLE		·		3.1 TITLE		Change Addi	ition	
NAME				3.2 NAME				
STREET ADDRESS				3.3 STREET ADDRESS				
CITY-ST-ZIP TITLE				3.4. CITY-ST-ZIP 4.1 TITLE		☐ Change ☐ Addi	ition	
NAME				4. 2 NAME				
STREET ADDRESS					DDRESS	/ /	1	
CITY-ST-ZIP			4.4 CITY		- 1			
TITLE	☐ DELETE 5.1		5.1 TITL	5.1 TITLE		Change Addi	noit	
NAME				5.2 NAME		Øħ /// ¬~/		
STREET ADDRESS	5.9		5.3 STRI	5.3 STREET ADDRESS		<i>[1] Y </i> X		
CITY-ST-ZIP		T 55,5-5	5.4 CITY		· ZIP	TOUTUS 503 BZEDhange DAddi		
TITLE		☐ DELETE	6.1 TITL			-04/28/9801116015	tion	
NAME	•		6.2 NAM		DODGGG	***150.00		
STREET ADDRESS	i		6.3 STREET		- 1	· • • • • • • • • • • • • • • • • • • •		
14. I hereby c	ertify that the information supplied w	vith this filing does not qualify for	6.4 CITY or the exen	notio	on stated	d in Section 119.07(3)(i), Florida Statutes. I further certify that the informati	ion	
Indicated on this annual report of supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver of 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 attack much with an address.								