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 26, 1999 8:00 am Secretary of State

04-26-1999 90259 050 ***150.00

DOCUMENT # P95000092316 1. Corporation Name

KENN VISSER CONSULTING, INC.

									-	<u> </u>				
Principal Place of Business Mailing Address														
1754 BAYSHORE DRIVE DAVID A DUNKIN, PA														
ENGLEWOO() FL 34223			170 W DEARBORN STREET					DO NOT WRITE IN THIS SPACE						
US ENGLEWOOD FL 34223 US									3. Date Incorporated or Qualifed					
			00						12/05/1995					
2. Principa Pl	ace of Business	2a. Mailing Address						4. FEI Number				App	ied For	
21			26						65-0632887			\bot	Not	Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.						5. Certificate of Status	Desired				Iditional
22		27						5. Certificate of Status	Dealled		F	e Rec	uired	
City & State	э	City & State						6. Electio 1 Campaign Financing \$5.00 May Be						
23			28						Trust Fund Contribution Added to Fees					
Zip Country			Zip Country					8. This corporation owes the current year intangible						
24	25 2			29 30					_ <u> </u>					X(No
	9. Name and Add	ress of Current	Register	red Agent		 _ ,	_		10. Name and Address	s of New Registe	red A	gent		
5						81	N:	ame						
Dunkin, david a 170 west dearborn street						82	St	treet Ac dre	ss (P.O. Box Number is N	lot Acceptable)				
ENGLEWOOD FL 34223-3290						83								
	CENTOOD I CONEC	0200				00								
						84	C	ity			FL	85	Zip C	ode
44 Pureus at	to the provisions of S	actions 607 0502	and 607	1508 Florida Stat	ites the a	above	e-na	med corpo	ration submits this statem	ent for the nurgos	e of ch	hangi	ng its i	egistered
office or re	egistered agent, or bo m familiar with, and a	th in the State of	of Florida	Such change was	authorize	d bv	the	corporation	n's board of directors. I he	reby accept the a	ppoint	ment	as reç	istered
SIGNATURE														
SIGNATORE	Signature, typed or printed no	me of registered agen	and title if ap	pplicable. (NO	1E Registere	d Agen	nt sign	nature req rired	when reinstating)	DATI	_			
12.		OFFICERS ANI	D DIRECT		13.				ADDITIONS/CHANG	ES TO OFFICERS				
TITLE	PD			☐ DELETE	1.1 T	ΠŒ						Ch:	ange	☐ Addition
NAME	visser, kenn				1.2 N	AME								'
STREET ADDRI.SS	1754 BAYSHORE				1.3 S	TREET	TADD	RESS						
CITY-ST-ZIP	ENGLEWOOD FL	34223			1,4 0	ITY-ST	T-ZIP	·						
TITLE	STD			☐ DEFELE	2.1 T	ITLE						Chi	ange	Addition
NAME	Visser, Linda L				2.2 N	AME								ļ
STREET ADDR:SS	1754 BAYSHORE	DRIVE			2.3 S	TREET	TADD	DRESS						
CITY-ST-ZIP	ENGLEWOOD FL	34223			2.40	CITY-S	ST-ZIF	-						
TITLE				☐ DELETE	3.1 T	ITLE						Ch:	ange	Addition
NAME					3.2 N	IAME								
STREET ADDRESS					338	TREET	T ADD	DRESS						
CITY-ST-ZIP					3.4. 0	CITY-S	ST-ZIF							
TITLE				☐ DELETE	4.1 T	ITLE						Ch:	ange	☐ Addition
NAME					4.21	VAME								
STREET ADDRESS					4.3 9	TREET	TADD	DRESS						
CITY-ST-ZIP					4.4 0	NTY-S	T-ZIP	·						
TITLE				☐ DELETE	5.1 T	ITLE						Chi	ange	☐ Addition
NAME					5.2 N	IAME								
STREET ADDRESS					5.3 S	TREET	TADD	DRESS						
CITY-ST-ZIP					5.4 0	X-YTK	T-ZIP	-						
TITLE				☐ DELETE	6.17	TTLE						Ch.	ange	☐ Addition
NAME					6.2 N	IAME								
STREET ADDF ESS					638	TREET	T ADD	DRESS						

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.C7(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or suppliementa annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that am an office or director of the corporation or the receiver or trustee empowered to execute this report as required by Chap er 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.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP