SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Sep 20, 1999 8:00 am Secretary of State

09-20-1999 90003 015 ***550.00

DOCUMENT #	P96000001653

KENNETH F. DARROW, P.A.

Principal Place	e of Business	Mailing Address			initi natit natit hitat tidin arter arten titt inst
9200 SOUTH DA		9200 SOUTH DADELA	ND BLVD	ļ	`
SUITE 412		SUITE 412			
MIAMI FL 33156	3	MIAMI FL 33156			RITE IN THIS SPACE
				3. Date Incorporated or Qualific 12/27/1995	
2. Principal P	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21 4350	OS. DINE HWY	26 43505	> DIXIE HUEL	65-0685705	Not Applicable
Suite, Apt.	.#, etc.	Suite, Apt. #, et	1570	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	te	City & State		6. Election Campaign Financing	
23 M	Lame FL	28	li L	Trust Fund Contribution	Added to Fees
Zip 33	Country 25 US	29 Zip 3 3 1 5	Tountry S	8. This corporation owes the cu Intangible Personal Property	
	9. Name and Address of Current			10. Name and Address of New	Registered Agent
			81 Nam	•	
	row, Kenneth F	•	82 Stree	Address (P.O. Box Number is Not Accer	ntable)
	SOUTH DADELAND BLVD		" " q	350 & DILLE HUY	#-(22)
1	E 412		83	·	
MIAN	M FL 33156		84 City		85 Zip Code
				TI LULIN C	FL 33/16
office or	t to the provisions of sections 607.0502 registered agent, or both, in the State of am familiar with, and accept the obligat	of Florida. Such change	was authorized by the co	corporation submits this statement for the poration's board of directors. I hereby according to the components of the corporation of the corporati	purpose of changing its registered ept the appointment as registered
SIGNATURE					
CICIONTONE	Signature, typed or printed name of registered agent		(NOTE: Registered Agent sign		DEFICERS AND DIRECTORS IN 12
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO C	Change Addition
TITLE	PD PARROW KENNETH F	DELE			Change L Addition
NAME	DARROW, KENNETH F	OTE 440	1.2 NAME	93505 Dixie Hu	w #=1577)
STREET ADDRESS	9200 SOUTH DADELAND BLVD	51E 412	1.3 STREET ADDRES		22/57
CITY-ST-ZIP	MIAMI FL		1.4 C/TY-ST-ZIP	miami, FC	Change Addition
TITLE		DELE	TE 2.1 TITLE 2.2 NAME		L Change L Addition
NAME					
STREET ADDRESS			2.3 STREET ADDRES	. ~-	- · ·
CITY-ST-ZIP	-	DELE	2.4 CITY-ST-ZIP TE 3.1 TITLE		Change Addition
TITLE	į .				La change Last necition
NAME STREET ADDRESS	[VEEE			
		L DECE	3.2 NAME		
		_ Dece	3.2 NAME 3.3 STREET ADDRES		
CITY-ST-ZIP			3.2 NAME 3.3 STREET ADDRES 3.4 CITY-ST-ZIP		Change Addition
CITY-ST-ZIP TITLE		DELE	3.2 NAME 3.3 STREET ADDRES 3.4 CITY-ST-ZIP TE 4.1 TITLE		Change Addition
CITY-ST-ZIP TITLE NAME			3.2 NAME 3.3 STREET ADDRES 3.4 CITY-ST-ZIP TE 4.1 TITLE 4.2 NAME		Change Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS			3.2 NAME 3.3 STREET ADDRES 3.4 CITY-ST-ZIP TE 4.1 TITLE 4.2 NAME 4.3 STREET ADDRES		Change Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ DELE	3.2 NAME 3.3 STREET ADDRES 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRES 4.4 CITY-ST-ZIP		Change Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE			3.2 NAME 3.3 STREET ADDRES 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRES 4.4 CITY-ST-ZIP		
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME		□ DELE	3.2 NAME 3.3 STREET ADDRES 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRES 4.4 CITY-ST-ZIP TE 5.1 TITLE		
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		□ DELE	3.2 NAME 3.3 STREET ADDRES 3.4 CITY-ST-ZIP TE 4.1 TITLE 4.2 NAME 4.3 STREET ADDRES 4.4 CITY-ST-ZIP TE 5.1 TITLE 5.2 NAME		
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELE	3.2 NAME 3.3 STREET ADDRES 3.4 CITY-ST-ZIP 4.1 TITILE 4.2 NAME 4.3 STREET ADDRES 4.4 CITY-ST-ZIP TE 5.1 TITLE 5.2 NAME 5.3 STREET ADDRES 5.4 CITY-ST-ZIP		
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE	. 17 67	□ DELE	3.2 NAME 3.3 STREET ADDRES 3.4 CITY-ST-ZIP 4.1 TITILE 4.2 NAME 4.3 STREET ADDRES 4.4 CITY-ST-ZIP TE 5.1 TITLE 5.2 NAME 5.3 STREET ADDRES 5.4 CITY-ST-ZIP		Change Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	r training to the second secon	☐ DELE	3.2 NAME 3.3 STREET ADDRES 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRES 4.4 CITY-ST-ZIP TE 5.1 TITLE 5.2 NAME 5.3 STREET ADDRES 5.4 CITY-ST-ZIP TE 6.1 TITLE		Change Addition

SIGNATURE:

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 trasfee 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.

670-6TIL