

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 90006 001 *3,492.50

DOCUMENT # P96000009181

1. Corporation Name

KENNSINGTON CAPITAL & EQUITY CORPORATION

Principal Place of Business

162 E. RIVERBEND DR.
ALTAMONTE SPRINGS FL 32779

Mailing Address

162 E. RIVERBEND DR.
ALTAMONTE SPRINGS FL 32779



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/26/1996

4. FEI Number

APPLIED FOR 59-3357040

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

2. Principal Place of Business

207 Jasmine Lane
Suite, Apt. #, etc.

City & State

Longwood, FL
Zip Country

32779 25 USA

2a. Mailing Address

26 207 Jasmine Lane
Suite, Apt. #, etc.

27 City & State

28 Longwood, FL
Zip Country

29 32779 30 USA

9. Name and Address of Current Registered Agent

MEADOWS, ROY
162 E. RIVERBEND DR.
ALTAMONTE SPRINGS FL 32779

10. Name and Address of New Registered Agent

81 Name

Meadows, Roy

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

83 207 Jasmine Lane

84 City Longwood FL

85 Zip Code

32779

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 PD
NAME MEADOWS, ROY
STREET ADDRESS 162 E. RIVERBEND DR.
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32779

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
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CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P/D
1.2 NAME Meadows, Roy
1.3 STREET ADDRESS 207 Jasmine Lane
1.4 CITY-ST-ZIP Longwood, FL 32779

Change

Addition

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

Change

Addition

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

Change

Addition

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

Change

Addition

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

Change

Addition

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

Change

Addition

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: x

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Roy Meadows

Roy Meadows

4/8/99

407-884-0944

Date Phone #

CR2F034 (11/98)