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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

**FILED** 

Feb 17 1997 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P96000025440 (4)

KENSINGTON NANNIES & DOMESTICS, INC.

r incipal made	e or business	ividiiing Address				***************************************
17804 SCARSD BOCA RATON I		17604 SCARSDALE WAY BOCA RATON FL 33496-1329		- 10 m		
					3. Date incorporated or Qualified 03/18/1996	3a. Date of Last Report
2. Principal Pl	ace of Business	2a. Mailing Address		····	4. FEI Number	Applied For
21		26	26		65-0652465	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		* Cartificate of Status Control	\$8.75 Additional
22		27	27		5. Certificate of Status Desired	Fee Required
City & State		City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28	28		Trust Fund Contribution	
Zıp	Country	Zip	Country	/	8. This corporation has liability for i	
24	25	29	30		Florida Statutes	Yes No
	9, Name and Address of Cur	rent Registered Agent		•••·[•••••	10, Name and Address of New Re	listered Agent
HAN	DRAS, BEVERLY		81	Name		
1760	4 SCARSDALE WAY		82 Street Ad		Address (P.O. Box Number is Not Acceptable)	
BOC	A RATON FL 33496				,	**/
			83			
}			84	City	· · · · · · · · · · · · · · · · · · ·	FL 85 Zip Code
office or re	o the provisions of Sections 607.0 egistered agent, or both, in the St in familiar with, and accept the ob	ate of Florida. Such change wa	is authorized b	vithe cor	corporation submits this statement for the p poration's board of directors. I hereby accep	urpose of changing its registered
SIGNATURE	Source we have a control name of parishered	accol and life if socilyable (N	MTF- Registered Ar	ool signatur	e required when reinstating)	DATE
Signature typico or printed name of registered agent and title if applicable. (NOTE: Reg  12. OFFICERS AND DIRECTORS			13.	gili siğunum	ADDITIONS/CHANGES TO OFFICE	
TITLE	D	DELETE	1,1 TITLE	,	PRESTOENT	Change Addition
NAME	HANDRAS, BEVERLY		1.2 NAME		HANDRAS BEVERLY	
STREET ADDRESS	17604 SCARSDALE WAY			t åddress	IDLOY SCARIOALE WA	✓
	BOCA RATON FL 33496		1		BOCK RATON, PL	45046
CITY-S1-7IP	DUCK TATUIT FL 00700	DELETE	1.4 CiTY - 2.1 TiTLE	ST-ZIP	Dock MILON) LP	Change Addition
TITLE		section	<b>1</b>			C Ottaille C Vacation
NAME OZOSET ADDOCCO			2.2 NAME			
STREET ADDRESS				T ADDRESS		
CITY-ST-7IP		T DECETE	2. 4 CITY-	ST-ZIP		La Obereso La Addition
THLE		☐ DELETE	3.1 TITLE			Change Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREE	T ADDRESS		
CITY-ST-7IP			3.4. CITY -	ST-ZIP		
TITLE.		☐ DELETE	4.1 TITLE			Change Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREE	T ADDRESS		
City - S1 - ZIP			4.4 CiTY-	ST-ZIP		
TITLE		☐ DELÉTE	5.1 TITLE		`;	Change Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STAEE	ADDRESS	j	
CITY-ST-ZIP			5.4 CITY-	ST-ZIP		
TITLE		DELETE	6.1 TITLE	<del></del>		Change Addition
NAME			6.2 NAME			
STREET ADDRESS				T ADDRESS		
STREET ADDITION			0.3 31866	· vinnutegg		

14. 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 accutate 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.