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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

DOCUMENT # P96000031886

KENNA FINANCIAL CORPORATION

Principal Place of Business

Mailing Address

May 05, 1999 8:00 am Secretary of State

05-05-1999 90002 023 ***150.00



1876 N DNIVER		1878 N UNIVERSITY DRIVE PLANTATION FL 33322			
Carriott	(DO NOT WRITE IN THIS	SPACE
(3. Date Incorporated or Qualifed 04/08/1996	
2. Principal Pl	ace of Business	2a. Mailing Address	. 1	4. FEI Number	Applied For
21 712	SW 42"AVE	26 712 SW Y2	UD AUS	65-0670049	Not Applicable
Suite, Apt.	#. etc.	Suite, Apt. #, etc.	.,,,,,,		\$8.75 Additional
22	· · · · · · · · · · · · · · · · · · ·	27		5. Certificate of Status Desired	Fee Required
City & State 23 PLANTATION, FL 28 PLANTATION		R	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
24 33317-403725 BROWARD 29 33317-403730			Country Blought	This corporation owes the current year In Personal Property Tax.	tangible ☐ Yes ☑ No
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent					
81 Name					
Kenna, gabhan a			92 Street Ad	ddress (P.O. Box Number is Not Asceptable)	
1876 N UNIVERSITY DRIVE				2 SW V2 Marganian	
-PLAI	NTATION-FL 33322		83	2 3 10 42 17	
,	,				
1			84 City 0/	ANTATION FL	85 Zip Code
			1 70	MINITALION FL	_ 33317 4037
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 epplicable. (NOTE: Registered Agent signature required when reinstating) DATE					
12.	OFFICERS AN	· · · · · · · · · · · · · · · · · · ·	13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE		Change Addition
	KENNA, GABHAN A	_	1.2 NAME		
NAME			1.3 STREET ADDRESS	712 SW42Nd AVE	
STREET ADDRESS	1876-N UNIVERSITY DRIVE		1.3 STREET ADDRESS	DIANITATION FT. 7771	1-4037
CITY-ST-ZIP	PLANTATION FL 33322	DELETE	1.4 CITY-ST-ZIP	712 SWYZNOW FL 33317	☐ Addition
TITLE	VST	□ pereie			i i
NAME	KENNA, GABHAN A		2.2 NAME	- a cuin and Dev	
STREET ADDRESS	1876 N UNIVERSITY DRIVE		2.3 STREET ADDRESS	PLANTATION FL 33	2.2-Un12
CITY-ST-ZIP -	PLANTATION FL 33322_		2.4 CITY-ST-ZIP	PLANTATION PC 33.)1.4: 705.5
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4, CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRÉSS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
		•	5.4 CITY-ST-ZIP		ĺ
CITY-ST-ZIP		☐ DELETE	6.1 TITLE		Change Addition
		□ ••	6.2 NAME		
NAME			6.3 STREET ADDRESS		
STREET ADDRESS	· ·		0.3 STREET ADURESS		

CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not reality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplier that I am an officer or director of the corporation or the receiver or trastee impowered 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

6.4 CITY-ST-ZIP

SIGNATURE: