Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

□No

Not Applicable

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

DOCUMENT # P9600037074

Country

9. Name and Address of Current Registered Agent

25

1. Corporation Name

Suite, Apt. #, etc.

City & State

23

24

Zip

KENNEDY IMPORT INC.

Principal Place of Business	Mailing Address	
1001 W KENNEDY BLVD TAMPA FL 33606 US	4015 BAYSHORE BLVO. STE 17E TAMPA FL 33611	

26

27

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29

Suite, Apt. #, etc.

City & State

Zip

FILED Apr 09, 1999 8:00 am Secretary of State

04-09-1999 90024 046 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

5. Certifcate of Status Desired

6. Election Campaign Financing

8. This corporation owes the current year Intangible

10. Name and Address of New Registered Agent

Trust Fund Contribution

Personal Property Tax.

04/30/1996 4. FEI Number

59-3370199

TAHSINI, HOSSEIN 4015 BAYSHORE BLVD. STE 17E TAMPA FL 33611						
		Street /	Street Address (P.O. Box Number is Not Acceptable)			
			-			
·	84	City		85	Zip Co	de
		•	FL			
 Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the office or registered agent, or both, in the State of Florida. Such change was authorize agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Sta 	ed by	the corpo	corporation submits this statement for the purpose of oration's board of directors. I hereby accept the appoir	changin itment a	g its re is regis	gistered stered
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registere	ed Agen	t signature ri	equired when reinstating) DATE			
2. OFFICERS AND DIRECTORS 13	i		ADDITIONS/CHANGES TO OFFICERS AN	D DIRE	CTOR	S IN 12
	TITLE			☐ Cha	nge	☐ Addition
1.	NAME					
***************************************	STREET	ADDRESS				
TTY-ST-ZIP TAMPA FL 1.40	1.4 CITY-ST-ZIP					
TLE DELETE 2.1	TITLE			Cha	nge	Addition
AME 221	NAME					
TREET ADDRESS 2.3	STREET	ADDRESS				
ITY-ST-ZIP	CITY-S	T-ZIP				
TILE DELETE 3.1	TITLE			_ Cha	nge	☐ Addition
AME 321	NAME					
TREET ADDRESS 3.33	STREET	ADDRESS				
	CITY-S	T-ZIP				
TLE DELETE 4.1	TITLE			☐ Cha	nge	☐ Addition
AME 4.2	NAME					
TREET ADDRESS 4.33	STREET	ADDRESS				
	CITY-\$1	-ZIP				
	TITLE			Cha	nge	Addition
IAME 5.2	NAME					
REELADRESS		ADDRESS				
117-SI-ZIP	CITY-S	-ZIP				
THE SECTION OF THE SE	TITLE			☐ Cha	nge	☐ Addition
AME	NAME					
TREE TADDRESS		ADDRESS				
117-S1-21P 1 / 1.27 /	CITY-S					
14. I hereby certify that the information supplied with this filing does not qualify for the exindicated on this annual report or supplemental armust report is true and accurate an	empti	on stated	i in Section 119.07(3)(i), Florida Statutes. I further cert	iry that	ine info	rmation

Country

81 Name

30