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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # P96000038882 (2)

KINNIN MARKETING GROUP, INC.

Principal Place of Business Mailing Address 18238 HAWTHORNE ROAD 18238 HAWTHORNE ROAD FT. MYERS FL 33912 FT. MYERS FL 33912-5224 3. Date Incorporated or Qualified 3a. Date of Last Report 05/03/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65 - 066 397*5* 21 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, 24 Yes X No 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name Doragh, Peter 9400 GLADIOLUS DRIVE, SUITE 270 82 Street Address (P.O. Box Number is Not Acceptable) FT. MYERS FL 33908 83 84 City Zip Code 85 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 ages, and tile if applicable (NO1E Registered Agent signature required when reinstating) 12. (96/6)OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 □ D€LETE TITLE 1.1 TITLE Change KINNIN, J.D. NAME 1.2 NAME 18238 HAWTHORNE ROAD STREET ADDRESS 1.3 STREET ADDRESS FT. MYERS FL 33912 City-St-ZP 1.4 CITY - ST - 7/P TITLE DELETE 2.1 TITLE Change Addition NAME 2.2 NAME STREET ADDRESS 2 3 STREET ADDRESS CITY-ST-7IP 2 4 CITY - ST - 7IP TITLE DELETE 3 1 TITLE ☐ Change Addition NAME 32 NAME STREET ADDRESS 3 3 STREET ADDRESS CITY-ST-2E 34. CITY-ST-ZIP TITLE DELETE 41 TITLE ☐ Change Addition NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIF 4.4 CITY - ST - ZIP DELETE 51 TITLE ☐ Change Addition NAME 52 NAME STREET ADORESS **5.3 STREET ADDRESS** CITY: ST-2IF 54 CITY-ST-ZIP TITLE DELETE Addition Change 61 TITLE NAME 62 NAME STREET ADDRESS **6.3 STREET ADDRESS** City - St - ZiP

6.4 CITY-ST-ZIP

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

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

SIGNATURE:

appears in Block 12 or Block 13 if changed or on an attachment with an address

Daytime Phone #

FILED

Jan 22 1997 8:00am

Secretary of State