

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

FILED
Jun 25 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # KEN INC
1. Corporation Name

P96000055707

Principal Place of Business
4058 N. ARMENIA AVE
SUITE 104
Tampa, FL 33607
Mailing Address
4058 #104 NORTH ARMENIA
Tampa, FL 33607

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

7/96

4. FEI Number

59-3385306

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 or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes

☐ No

10. Name and Address of New Registered Agent

2. Principal Place of Business

21 Tampa
Suite, Apt. #, etc

22 4058

City & State

23

Zip

Country

24

9. Name and Address of Current Registered Agent

KAMAL ATTARZADEH
13510 AVISTA DR
TAMPA FL, 33624

2a. Mailing Address

26 4058 #104 NORTH ARMENIA
Suite, Apt. #, etc

27

City & State

28 Tampa, FL, 33607

Zip

29 33607

Country

30

81 Name

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

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 607.0902 and 607.1408, 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 607.0905, Florida Statutes.

SIGNATURE

[Signature]

10/1 Registered Agent signature required when reappointing

5/28/95

12. OFFICERS AND DIRECTORS

TITLE President
NAME KAMAL ATTARZADEH
STREET ADDRESS 13510 AVISTA DR
CITY-ST-ZIP TAMPA, FL 33624

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

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☐ 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

SIGNATURE

[Signature]

5/28/98

CR2E034 (10/97)