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

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000063462 KENNEDY MCKENZIE CORPORATION

Principal Place of Business

Mailing Address

Mar 25 1998 8:00am Secretary of State

**FILED** 

9156 GREEN MEADOWS WAY PALM BEACH GARDENS FL 33418		9156 GREEN MEADOWS WAY PALM BEACH GARDENS FL 33418		8 DO NOT WRITE IN THIS 3. Date Incorporated or Qualified 7/29/96		
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For	
9145 GREEN MEADOWS WAY		26 9145 GREEN MEADOWS WAY			Not Applicable	
Suite, Apt. #, etc		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be	
PALM BEACH GARDENS_FL		28 PALM BEACH GARDENS FL		Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Country	8. This corporation owes or has paid the co		
24 33418	25	29 33418	30		Yes 🔀 No	
24 33418   25   29 33418   30 9. Name and Address of Current Registered Agent			81 Name	10. Name and Address of New Registered	l Agent	
SCHATSCHNEIDER, RUSTEN				MCKENZIE, RUSTEN		
	,					
9156 GREEN	MEADOWS WAY		9145 G	REEN MEADOWS WAY		
,			03		. 7	
PALM BEACH GARDENS, FL 33418				BEACH CAPDENS E	85 Zip Code 33418	
PALM BEACH GARDENS, FL 33418  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 change 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						
office or registered	agent, or both, in the State o	of Florida, Such change was	authorized by the corp	corporation submits this statement for the purpose operation's board of directors. I hereby accept the app	pointment as registered	
agent I am familiar	with, and accord the obligat	ions of, Section 607.0505, FI	orida Statutes.	المسر	0/00	
SIGNATURE	The same	and his dappe also (NO	IE Registered Agent signature	S//	9/98	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AN		
TITLE		☐ DELETE	11 TITLE		Change	
NAME ID			1 2 NAME	P		
STREET ADDRESS SCHATSCHNEIDER, RUSTEN			1.3 STREET ADDRESS	_ <del>-</del>		
CITY-ST-ZIP 9156 GREEN MEADOWS WAY			1.4 CITY-ST-ZIP	MCKENZIE, RUSTEN 9145 GREEN MEADOWS WAY		
PALM BEACH GARDENS FL 33418 DELETE			2.1 TITLE	PALM BEACH GARDENS FL 33418 Change Addition		
NAME	DEACH GARDENS	LT 22410	2.2 NAME	PALM BEACH GARDENS FL 33	410	
STREET ADDRESS			2 3 STREET ADDRESS			
CITY - ST - ZIP			2. 4 CITY · ST - ZIP			
TITLE		DELETE	3 1 TIHE	· · · · · · · · · · · · · · · · · · ·	Change Addition	
NAME			3 2 NAME			
STREET ADDRESS			3 3 STREET ADDRESS			
CITY-ST-ZIP			3.4 C/TY-ST-7IP			
TITLE		☐ DELETE	4 1 TITLE		☐ Change ☐ Addition	
NAME			4. 2 NAME			
STREET AUDRESS			4.3 STREET ADDRESS			
City-S1-7IP			4.4 CITY - ST - ZIP			
TITLE		DELETE	5.1 TITLE	2000024694	Change	
NAME			5.2 NAME	~03/26/9801008 ***158.75	D33	
STREET ADDRESS			5 3 STREET ADDRESS	***158.75		
CITY-ST-76P			5.4 CITY - S1 - ZIP			
TITLE		DELETE	6 1 11TUF		Change Addition	
NAME			6.2 NAME		30	
STREET ADDRESS			6.3 STREET ADDRESS		3.25	

14. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3(i)). Florida Statutes. If further certify that the information indicated on this arrival 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 this 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. Rusten McKenzie

561-776-9886x115