

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

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PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P96000071623 (8)

1. Corporation Name
KENCIN PRODUCTS, INC.

FILED

98 SEP 10 AM 10:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
2508 NORTH CRYSTAL LAKE DRIVE
LAKELAND FL 33801

Mailing Address
2508 NORTH CRYSTAL LAKE DRIVE
LAKELAND FL 33801

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/26/1996

4. FEI Number

59-3419622

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent

BYWATER, JOSEPH G
2000 E EDGEWOOD DRIVE
SUITE 108B
LAKELAND FL 33803

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 607.0502 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 applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D [] DELETE

NAME ELLIOTT, KENNETH R
STREET ADDRESS 3016 WARRINGTON AVE
CITY-STATE-ZIP LAKELAND FL 33803

TITLE D [] DELETE

NAME ELLIOTT, CINDY L
STREET ADDRESS 3016 WARRINGTON AVE
CITY-STATE-ZIP LAKELAND FL 33803

TITLE [] DELETE

NAME [] DELETE

STREET ADDRESS [] DELETE

CITY-STATE-ZIP [] DELETE

TITLE [] DELETE

NAME [] DELETE

STREET ADDRESS [] DELETE

CITY-STATE-ZIP [] DELETE

TITLE [] DELETE

NAME [] DELETE

STREET ADDRESS [] DELETE

CITY-STATE-ZIP [] DELETE

TITLE [] DELETE

NAME [] DELETE

STREET ADDRESS [] DELETE

CITY-STATE-ZIP [] DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE [] Change [] Addition

1.2 NAME [] Change [] Addition

1.3 STREET ADDRESS [] Change [] Addition

1.4 CITY-STATE-ZIP [] Change [] Addition

2.1 TITLE [] Change [] Addition

2.2 NAME [] Change [] Addition

2.3 STREET ADDRESS [] Change [] Addition

2.4 CITY-STATE-ZIP [] Change [] Addition

3.1 TITLE [] Change [] Addition

3.2 NAME [] Change [] Addition

3.3 STREET ADDRESS [] Change [] Addition

3.4 CITY-STATE-ZIP [] Change [] Addition

4.1 TITLE [] Change [] Addition

4.2 NAME [] Change [] Addition

4.3 STREET ADDRESS [] Change [] Addition

4.4 CITY-STATE-ZIP [] Change [] Addition

5.1 TITLE [] Change [] Addition

5.2 NAME [] Change [] Addition

5.3 STREET ADDRESS [] Change [] Addition

5.4 CITY-STATE-ZIP [] Change [] Addition

6.1 TITLE [] Change [] Addition

6.2 NAME [] Change [] Addition

6.3 STREET ADDRESS [] Change [] Addition

6.4 CITY-STATE-ZIP [] 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. 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]

8/17/98 (941) 682-8053

CR2E034 (5/98)

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Kencind Products, Inc.
3016 Warrington Ave.
Lakeland, FL 33802

August 17, 1998

To Whom it may Concern
Division of Corporation
P. O. Box 6327
Tallahassee, FL 32314

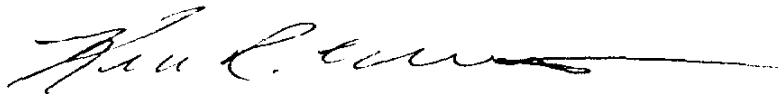
Dear Sir/Madam

Per my conversation with the Division of Corporations, please find enclosed a check for 150.00 for our Corporate Annual Report. The managing corporate officer had a baby with major complications and is currently undergoing treatment for these complications. Please waive penalties and process the report so the corporation will be active again.

Should you have any questions please feel free to call me at (941)-682-8053

Thank you for your cooperation on this matter.

Kind Regards,



Ken Elliott
President

Enclosures