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Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P96000076736 (3)

1. Corporation Name
KENNOS CORPORATION



Principal Place of Business: 1511 GULF BLVD. #2 INDIAN ROCKS BEACH FL 33785
Mailing Address: 1511 GULF BLVD. #2 INDIAN ROCKS BEACH FL 33785-2700

3. Date Incorporated or Qualified: 09/13/1996
3a. Date of Last Report: [Blank]
4. FEI Number: 59-3408369
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 has liability for intangible tax under s. 199.032, Florida Statutes: [X] Yes [] No

2. Principal Place of Business: 21 Suite, Apt #, etc. [Blank]
22 City & State: [Blank]
23 Zip: [Blank] Country: [Blank]
2a. Mailing Address: 26 Suite, Apt #, etc. [Blank]
27 City & State: [Blank]
28 Zip: [Blank] Country: [Blank]

9. Name and Address of Current Registered Agent
KENNEDY, GREGORY L
1511 GULF BLVD.
#2
INDIAN ROCKS BEACH FL 33785

10. Name and Address of New Registered Agent
81 Name: [Blank]
82 Street Address (P.O. Box Number is Not Acceptable): [Blank]
83 [Blank]
84 City: [Blank] FL 85 Zip Code: [Blank]

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: [Blank] (NOTE: Registered Agent signature required when [Blank]) DATE: [Blank]

12. OFFICERS AND DIRECTORS
1.1 TITLE [] DELETE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE [] DELETE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE [] DELETE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE [] DELETE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE [] DELETE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE [] DELETE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE: DIRECTOR Change [X] Addition []
1.2 NAME: JOANNA KENNEDY
1.3 STREET ADDRESS: 1511 GULF BLVD #2
1.4 CITY-ST-ZIP: INDIAN ROCKS BEACH, FL. 33785
2.1 TITLE [] Change [] Addition []
2.2 NAME [] Change [] Addition []
2.3 STREET ADDRESS [] Change [] Addition []
2.4 CITY-ST-ZIP [] Change [] Addition []
3.1 TITLE [] Change [] Addition []
3.2 NAME [] Change [] Addition []
3.3 STREET ADDRESS [] Change [] Addition []
3.4 CITY-ST-ZIP [] Change [] Addition []
4.1 TITLE [] Change [] Addition []
4.2 NAME [] Change [] Addition []
4.3 STREET ADDRESS [] Change [] Addition []
4.4 CITY-ST-ZIP [] Change [] Addition []
5.1 TITLE [] Change [] Addition []
5.2 NAME [] Change [] Addition []
5.3 STREET ADDRESS [] Change [] Addition []
5.4 CITY-ST-ZIP [] Change [] Addition []
6.1 TITLE [] Change [] Addition []
6.2 NAME [] Change [] Addition []
6.3 STREET ADDRESS [] Change [] Addition []
6.4 CITY-ST-ZIP [] Change [] Addition []

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 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, unchanged, or on an attachment with an address.

SIGNATURE: X [Signature] DATE: [Blank]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)