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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # P97000046345

KENWOOD REALTY OF FORT WALTON BEACH, INC.

				Ť			A <b>ma</b> n ini ni	
Principal Place	e of Business	Mailing Address					117 <b>97091 6</b> 171 1601	
786 N BEAL PKWY 786 N BEAL PKWY SUITE 4-A SUITE 4-A								
FT WALTON BEACH FL 32547 FT WALTON BEACH FL 3254					DO NOT WRITE IN THIS SPACE			
					3. Date incorporated or Qualifed 05/27/1997			
2. Principal P	lace of Business	2a. Mailing Address	-		4. FEI Number		Applied For	
21		26			59-3470850	· [ ]	Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired		Additional Required	
City & Stat	te ·	City & State			Election Campaign Financing     Trust Fund Contribution		May Be d to Fees	
Zip	Country	Žip (	Country		8. This corporation owes the current	year Intangible		
24	25	29 30			Personal Property Tax	□Yes	□No	
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Regi	istered Agent		
	1 sw 1	7.	81	Name	•			
DAVIS, O.J. J 786 N BEAL PKWY			82	Street Addre	ddress (P.O. Box Number is Not Acceptable)			
STE 4-A FT WALTON BEACH FL 32547			83	-				
	THE OW DESCRIPTION OF THE SECOND		84	City		85 Zi	p Code	
101 41 517 4 55	t			<u></u>			iaa	
office or r	to the provisions of Sections 607.0502 registered agent, or both, in the State or im familiar with, and accept the obligation	f Florida. Such change was author	rized by	the corporation	oration submits this statement for the pur n's board of directors. I hereby accept th	pose of changing le appointment as	registered	
SIGNATURE								
	Signature, typed or printed name of registered agent			t signature required	when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE	TODO IN 42	
12.	OFFICERS AND	, birted to to	13.	·····	ADDITIONS/CHANGES TO OFFIC	ERS AND DIREC		
TITLE	DPST		1.1 TITLE			Chang	B Addition	
NAME	DAVIS, O. J. JR.		1.2 NAME					
STREET ADDRESS		<b>1</b>	1.3 STREET	ADDRESS			i	
CITY-ST-ZIP	FT WALTON BEACH FL 32547		1.4 CITY-\$1	T-ZIP			e Addition	
TITLE		☐ DELETE 2	2.1 TITLE					
NAME		2	0 0 4144 M			☐ Chang	e Dyadillon	
STREET ADDRESS		1.	2.2 NAME	i	•		e	
CITY-ST-ZIP	1		2.2 NOVINE 2.3 STREET	ADORESS	•	∐ Cnang	e	
7070 F		2						
TITLE 15/37:	N 63	2	2.3 STREET		·	☐ Chang		
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\$ Takes		DELETE 3	2.3 STREET 2. 4 CITY-S 3.1 TITLE	T-ZIP				
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dvalify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information and accurate and that my signature shall have the same legal effect as if made under oath; that I am an ered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in with all other like empowered. 14. I hereby certify that the information supplied with midicated on this annual report or supplemental and officer or director of the corporation or flaveceured Block 12 or Block 13 if changed, or on an attaining

6.4 CITY-ST-ZIP

**SIGNATURE:** 

Feb 18, 1999 8:00 am Secretary of State

02-18-1999 90032 038 \*\*\*150.00

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