## 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 # **P97000053202** 1. Corporation Name

KINDEL & LENZI SERVICES, INC.

Principal Place of Business Mailing Address								3 INCHEST ISO POTES		811) <b>29</b> 111 <b>49</b> 181	<b>PICES III II</b> 1101	IT MAISM SEAN SONS
3675 20 ST STE E 3675 20 ST STE E												
VERO BCH FL 32960 VERO BCH FL 32960							DO NOT WRITE IN THIS SPACE					
								Date Incorporated of	r Qualifed		100	
								06/16/1997				
2. Principal Pl	ace of Business	2a. Mailir	ng Address					FEI Number				pplied For
21		26						65-0759844				ot Applicable
Suite, Apt. #, etc.		<u> </u>	Suite, Apt. #, etc.				5.	Certifcate of Status	Desired			Additional tequired
City & State			City & State				6.	Election Campaign	Financing		\$5.00	May Be
23		28	28					Trust Fund Contribu	_		•	to Fees
Zip	Country	Zip		Cou	intry		8.	This corporation ow	es the cur	rent year Int		_
24	25	29		30				Personal Property			Yes	_ No
	9. Name and Address of Cu	rrent Registered	Agent		1		•	Name and Addres	s of New	Registered	Agent	
(/INIT	NEL TOYOU E				81	Name						
	DEL, JOYCE E 5 20 ST STE E					Street	Address (P.	.O. Box Number is N	Not Accept	able)	-	
	O BCH FL 32960				83			<del></del>				
					84	City		<u> </u>			85 Zip	Code
					L	L				FL	• ] _ [	
office or r	to the provisions of Sections 607 egistered agent, or both, in the S	tate of Florida. Suc	ch change was a	iuthonze	d bv	the corp	corporation poration's bo	i submits this statem ard of directors. I he	ent for the ereby acce	pt the appoi	changing it ntment as r	egistered
_	m familiar with, and accept the of	oligations of, Section	on 607.0505, FK	orida Stat	uies	•						
SIGNATURE	Signature, typed or printed name of registered	d agent and title if applica	ble. (NOTI	: Registered	Agen	t signature r	required when re			DATE		
12.	OFFICERS	AND DIRECTOR		13.			Α	ADDITIONS/CHANG	ES TO OF	FICERS AN		
TTLE	P		☐ DELETÉ	1.1 TI	TLE						Change	☐ Addition
NAME	KINDEL, JOYCE E			1.2 N								
STREET ADDRESS	3675 20TH STE E					ADORESS	<b>i</b>					
CITY-ST-ZIP	VERO BEACH FL 32960				TY-S	T-ZIP	<del> </del>				[] Changa	[ ] Addition
TITLE	ST		☐ DELETE	2.1 ∏							Change	
NAME	LENZI, JUDY C			2.2 N	AME							
STREET ADDRESS	8675 20TH ST STE E	s 4				ADDRESS	3					
CITY-ST-ZIP	VERO BEACH FL 32960			_		T-ZIP						☐ Addition
TITLE			DELETE	3.1 TI							☐ Change	☐ Addition
NAME				3.2 N								
STREET ADDRESS	٠			3.3 S	TREET	ADDRESS	5					
C/TY-ST-ZIP					ITY-S	T-ZIP						☐ Addition
TITLE	·		☐ DELETE	4.1 TI							☐ Change	Addition
NAME				4.2 N	IAME							(
STREET ADDRESS				4.3 S	TREET	ADDRESS	6					
CITY+ST+ZIP					ITY-S	T-ZIP	<u> </u>					(
TITLE			☐ DELETE	5.1 71							Change	Addition
NAME				5.2 N								
STREET ADDRESS						r address	<sup>3</sup>					
CITY-ST-ZIP					ITY-S	T-ZIP					pag 0.	
TITLE			□ DELETE	6.1 Ti							Change	Addition
. NAME .	<b>.</b>			6.2 N	ame		1					

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 conforation 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 charged, or on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

**SIGNATURE** 

STREET ADDRESS

CITY-ST-ZIP

FILED Apr 01, 1999 8:00 am Secretary of State

04-01-1999 90015 002 \*\*\*150.00

CR2E034 (11/98)