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May 01, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P97000055512

1. Corporation Name
KEVIN R. ANDERSON, INC.



Principal Place of Business THE HARVEY BUILDING, SUITE 814 224 DATURA STREET WEST PALM BEACH FL 33401 US	Mailing Address THE HARVEY BUILDING, SUITE 814 224 DATURA STREET WEST PALM BEACH FL 33401 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 224 DATURA ST. Suite, Apt. #, etc. 22 SUITE 515 City & State 23 WEST PALM BEACH, FL Zip Country 24 33401 25 USA	2a. Mailing Address 26 224 DATURA ST. Suite, Apt. #, etc. 27 SUITE 515 City & State 28 WEST PALM BEACH, FL Zip Country 29 33401 30 USA
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3. Date Incorporated or Qualified 06/23/1997 1-1-98	Applied For Not Applicable
4. FEI Number 65-0767242	
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
ANDERSON, KEVIN R ESQ
THE HARVEY BUILDING, SUITE 814
224 DATURA STREET
WEST PALM BEACH FL 33401

10. Name and Address of New Registered Agent
 81 Name **ANDERSON, KEVIN R.**
 82 Street Address (P.O. Box Number is Not Acceptable)
224 DATURA ST.
 83 **SUITE 515**
 84 City **WEST PALM BEACH FL** 85 Zip Code **33401**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> DELETE
NAME	M ANDERSON, KEVIN R
STREET ADDRESS	224 DATURA S, STE 814
CITY-ST-ZIP	WPB FL 33401
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	M ANDERSON, KEVIN R.
1.3 STREET ADDRESS	224 DATURA ST., STE. 515
1.4 CITY-ST-ZIP	WPB, FL 33401
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 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, with all other like empowered.

SIGNATURE: **KEVIN R. ANDERSON** 4-26-99 561-832-1401
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (1/198)