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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEFARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000058469

1. Corporation Name

ED KENNEDY & ASSOCIATES, INC.

Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90198 045 ***150.00



							HE EMICE BEEN LAND WITH	Elle leli ieli
Principal Flace	e of Business	Mailing Ad	dress			1 (Estition in call) than dam dam	ili Allia, aliai istii atara	#111# 1#11 1##1
3240 SEAWARD DRIVE 3240 SEAWARD DRIVE								
POMPANO BEACH FL 33062 POMPANO BEACH FL 33062						DO NOT WRITE IN THIS SPACE		
						3. Date ncorporated or Qualifed	THIS STACE	
						07/03/1997		
2 Principul Di	loop of Business	2a. Mailing	Address			4. FEI Number	Δr	plied For
			ing Address			65-0765459		t Applicable
Suite, Apt.	# etc		Suite, Apt. #, etc.				\$8.75	
<u>├</u>						5. Certificate of Status Desired	Fee Re	
22						6. Election Campaign Financing	\$5.00	May Be
23 28			,			Trust Fund Contribution	Added	- 1
Zip	Country Zip			Country		8. This corporation owes the current	vear Intangible	
24	25	29	29 30					□No
	9. Name and Address of Curre		gent			10. Name and Address of New Regi	stered Agent	
				81	Name			
KENNEDY, EDWARD				82	Street A	widress (P.O. Box Number is Not Acceptable)		
32:40 SEAWARD DRIVE				02	Sheer A	rigress (F.O. Box Number is Not Acceptable,		
POM	PANO BEACH FL 33062			83				
				84	Oite		85 Zip (Code
				04	City		FL °	- oue
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								
office or re	egistered agent, or both, in the State m familiar with, and accept the oblig	e of Florida. Such liations of Section	change was autho 607.0505. Florida	rized by Statutes	the corpo	ration's board of directors. I hereby accept the	e appointment as re	Çistered
SIGNATUF: E Signature, typed or printed no no of registered agent and title if applicable. (NOT 2: Registered							DATE	
12.	OFFICERS A	NI) DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTO	ORS IN 12
TITLE	4000 COOR	-	DELETE	1.1 TITLE		ADDITIONS CHANGES TO OFFICE FRESING WITH A WORD DE BENEVEL KENNED DE POMPTHU BOAFFE FOLIN KENNED 12405 FAWARD DE 12405 FAWARD DE	Lyenange	Addition
NAME	Kennedy, Edward		′′	1.2 NAME		AFUELLIKE NOUS		
STREET ADORE SS	3240 SEAWARD DR		Ī	1.3 STREET	ADDRESS	3240 5 A WAND DE	- 	
CITY-ST-ZIP	POMPANO BEACH FL 33062			14 CITY-ST	- ZIP	POMPANO BOUT FOR	-33062	
TITLE	PRESIDENT	-	☐ DELETE	21 TITLE		DINEGOL	☐ Change	ZAddition
NAME	BEHERLY KENIA	1001	L	2.2 NAME		EDWIN FILDROW	_	Į.
STREET ADDRE 3S	2240 5 day JONE	02		2.3 STREET	ADDRESS	2409 11011011		}
CITY-ST-ZIP	BEUERLY KENN 12405 GALLAND FOMPAND BEAG	WFC 3:	3062	2. 4 CITY-S	T-ZIP	OMPANOBOLFE 3	<u></u>	
TITLE			☐ DELETE	3.1 TITLE	- }		Change	Addition
NAME				3.2 NAME	İ			1
STREET ADDRESS				33 STREET	ADDRESS			
CITY-ST-ZIP		 _		3.4. CITY - S	T-ZIP			- I Addition
TITLE			☐ DELETE	41 TITLE			Change	☐ Addition
NAME .			I	4 2 NAME	ļ			
STREET ADDRESS				4.3 STREET	ADDRESS			
CITY-ST-ZIP		_		44 CITY-ST	-ZIP			
TITLE				5.1 TITLE	}		☐ Change	Addition
NAME				5.2 NAME				
STREET ADDRESS	15			53 STREET				
CITY-ST-ZIP				5.4 CITY-ST	r-ZIP			
TITLE				6 1 TITLE			☐ Change	☐ Addition
NAME			1	6.2 NAME	}			-
STREET ADDRESS			l	6.3 STREET				
CITY-ST-ZIP	<u> </u>			6.4 CITY-\$1	-ZIP			

14. 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 unlier oath; that I am an officer or director of the corporation or the receivor 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:

TURE AND TYPED OR P TINTED NAME OF SIGNING OFFICER OF DIS