FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000092715 (6)

KENNY'S KLASSICS-CLASS WITH SASS, INC.

FILED

98 MAR -2 PM 2: 32

SECRETARY OF STATE TALLAHASSEE, FLORIDA



Principal Place of Business Mailing Address					i inabitabi tin ratis (batt natis natis datis) natid batta itani datis		
14019 66TH S LARGO FL 33	STREET NORTH 771	14019 66TH STREET NORTH LARGO FL 33771				DO NOT WRITE IN THIS SPACE	
						3. Date Incorporated or Qualified	
						10/29/1997	
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number Applied For	
21		26				59 - 3475213 Not Applicable	
Suite, Apt	#, etc.	Suite, Apt. #, etc				5. Certificate of Status Desired S8.75 Additional	
22		27				5. Certificate of Status Desired Fee Required	
City & State	o	City & State				6. Election Campaign Financing \$5.00 May Be	
23		28				Trust Fund Contribution Added to Fees	
Zip	Country	Zφ	L	Country		This corporation owes or has paid the current year intangible	
24	25	29		30		Personal Property Tax due June 30. Yes No	
	g. Name and Address of Current	Registered A	gent			10. Name and Address of New Registered Agent	
AM	ERILAWYER			61	Name		
343 ALMERIA AVENUE				82	Street	Address (P.O. Box Number is Not Acceptable)	
CO	RAL GABLES FL 33134						
i				83	•[
				84	City	FL 85 Zip Code	
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 Fronta Statutes, the appointment of the purpose of changing its registered of fice or registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.							
SIGNATURE Signature, typod or printed name of registered agrind and title id approach to: (NOTE: Rogistored Agent signature required when reinstating) DATE							
12.	OFFICERS AND	DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSTD		□ DELETE	1.1 TITLE		Change Addition	
NAME	DAVIS, DEBRA K		1 2 NAME			cocco24492164	
STREET ADDRESS	14019 66TH STREET NORTH		1.3 STREET		t address	6000024462164 -03/03/9801104001	
CITY-ST-ZIP	LARGO FL 33771		1.4 CITY-	ST-ZIP	****150.00 ****150.00		
TITLE	VD DELETE 2.1 TI		2.1 TITLE		☐ Change ☐ Addition		
NAME	HART, KENNETH R			2.2 NAME			
STREET ADDRESS 14019 66TH STREET NORTH				2.3 STREET ADDRESS			
CITY-ST-ZIP	LARGO FL 33771			2. 4 CiTY-1			
TITLE				3.1 TITLE		Director Change Addition	
NAME				32 NAME		Wallace E Langley	
STREET ADDRESS				3.3 STREE	T ADDRESS	14019 1010 th CL 201 X12-11	
CITY-ST-ZIP				3.4. CITY -		Wallace E. Langley 14019 66th Street North Largo, FL 33771	
TITLE			DELETE	4.1 TITLE		Largo, L 33771 Change Addition	
NAME				4. 2 NAME			
STREET ADDRESS				1	T ADDRESS		
CITY-ST-ZIP				4.4 CITY-			
TITLE			DELETE	5.1 TITLE	<u> </u>	☐ Change ☐ Addition	
NAME				5.2 NAME			
STREET ADDRESS					T ADDRESS		
CITY-ST-ZIP				54 CITY-			
TITLE			DELETÉ	6.1 TITLE	3(~ L)F	☐ Change ☐ Addition	
NAME				6.2 NAME		- Anniton Carlotter	
STREET ADDRESS					T ADDRESS	200	
CITY-ST-ZIP					/11)		
	edity that the information supplied wit	h this filma doe	s not qualify for	64 City-:		d in Section 119.07(3)(i), Florida Statutes. I further certify that the information	
indicated	on this annual report or supplemental	armual report i	s true and accu	reto and th	at my sin	nature shall have the same legal effect as if made under gath; that I am an	

required on this amount open or suppremental amount epon is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a 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 18 if changed, by on an attachment with an address.

SIGNATURE: