PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9800005196

KENSINGTON REAL ESTATE, INC.

Principal Place of Business 1120 SAVANNAH TRACE TALLAHASSEE FL 32312 Mailing Address

1120 SAVANNAH TRACE TALLAHASSEE FL 32312 FILED May 05, 1999 8:00 am Secretary of State

05-05-1999 90167 042 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

			01/16/1998		<u>~_</u>
2. Principal Place of Business 2a. Mailing Address			4. FEI Number	Ap	plied For
21	26		69-3494179	No	t Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75	
22	27		5. Certificate di Statos Desheo	Fee Re	quired
City & State	City & State		6. Election Campaign Financing	\$5.00.	May Be
23 28			Trust Fund Contribution	Added t	o Fees
Zip Country	Zip	Country	8. This corporation owes the current year inta	ngible	
24 25	29	30	Personal Property Tax.	☐ Yes	No.
9. Name and Address of Cu	rrent Registered Agent		10. Name and Address of New Registered A	gent	
		81 Name			
WHITFIELD, KENNETH M 1120 SAVANNAH TRACE TALLAHASSEE FL 32312		82 Street Address (P.O. Box Number is Not Acceptable)			
		84 City	FL	85 Zip C	20de
	AFOR I GOT 1500 Floride Company	a the should assert a	amountles automits this statement for the nurnose of c	hanging its	registered
			ation's board of directors. I hereby accept the appoint	ment as rec	gistered
agent. I am familiar with, and accept the ob	ligations of, Section 607.0505, Flori	oa Statutes.			
SIGNATURE			wired when helpetiting) DATE		
Signature, typed or printed name of registered		Registered Agent regneture re-	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTO	RS IN 12
	AND DIRECTORS	1.1 TILE	Applitoration to our locks are	Change	Addition
TIME PESIDENT					
NAME Kenneth M. L	JAIT THE TE	1.2 NAME			
STREET ADDRESS 1120 SAUANA	ما المام	1.3 STREET AODRESS			
CITY-ST-ZP TALLA FL	72312	1.4 City-St-ZIP			
TITLE	☐ OELETE	2.1 TITLE		Change	☐ Addition
NAME		2.2 NAME			
STREET ADDRESS		2.3 STREET ADDRESS			
CITY-ST-ZIP		2.4 CITY-S1-ZIP			
TILE	DELETE	3.1 TITLE		☐ Change	☐ Addition
	_	3.2 NAME			
NAME		3.3 STREET ADDRESS			
STREET ADDRESS			. >		` '
CITY-ST-ZIP	☐ DELETE	3.4. CITY-ST-ZIP 4.1 TITLE		Change	☐ Addition
TITLE	□ bereie				
NAME		4. 2 NAME			
STREET ADDRESS		4.3 STREET ADDRESS			
CITY-ST-ZIP		4.4 CITY- ST-ZIP		Chance	Addition
TITLE	☐ DELETE	5.1 TILE		Change	
NAME		5.2 NAME			
STREET ADDRESS		5.3 STREET ADDRESS			
CITY-ST-ZIP		5.4 CITY-ST-ZIP			
TITLE	DELETE	61 TITLE		☐ Change	Addition
I NAME [6.2 NAME			
NAME effect annocce		6.2 NAME 6.3 STREET ADDRESS			
NAME STREET ADDRESS CITY-ST-ZIP					

Indicated on this annual report or suppliemental 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 aftachment with an address, with all other like empowered.

SIGNATURE:

HOWATURE AND TYPED OR PRINTED HAME OF SIGNENO OFFICER OR DIRECTOR

My 1,99

390-197-216 Daylane Phone 8 ≡