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Mar 08, 1999 8:00 am
Secretary of State

03-08-1999 90018 049 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P98000006102

1. Corporation Name
KENALIS, INC.

Principal Place of Business

**2121 N OCEAN BLVD
#1806 W
BOCA RATON FL 33431**

Mailing Address

**2121 N OCEAN BLVD
#1806 W
BOCA RATON FL 33431**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/20/1998

4. FEI Number

EIN 65-0830939

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21
Suite, Apt. #, etc.

22
City & State

23
Zip Country

24
Country

2a. Mailing Address

26
Suite, Apt. #, etc.

27
City & State

28
Zip Country

29
Country

9. Name and Address of Current Registered Agent

**DONOFF, CRAIG
6100 GLADES ROAD
STE 204
BOCA RATON FL 33434**

10. Name and Address of New Registered Agent

81 Name

ZACHARY METRICK

82 Street Address (P.O. Box Number is Not Acceptable)

5210 SAPPHIRE VALLEY

83

84 City **BOCA RATON**

FL

85 Zip Code **33486**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/27/99

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE

NAME **METRICK, BERNARD E**
STREET ADDRESS **2121 N OCEAN BLVD, #1806 W**
CITY-ST-ZIP **BOCA RATON FL 33431**

TITLE **STD** ☐ DELETE

NAME **METRICK, IRENE I**
STREET ADDRESS **2121 N OCEAN BLVD, #1806 W**
CITY-ST-ZIP **BOCA RATON FL 33431**

TITLE ☒ **FIRST VICE PRESIDENT** ☐ DELETE

NAME **BONNIE PILAR**
STREET ADDRESS **271 RIVER ROAD**
CITY-ST-ZIP **GRAND VIEW, NEW YORK**

TITLE ☒ **SECOND VICE PRESIDENT** ☐ DELETE

NAME **ROBERTA D. SCOLL**
STREET ADDRESS **3043 LONNIE LANE**
CITY-ST-ZIP **MERRICK, LONG ISLAND, N.Y.**

TITLE ☒ **THIRD VICE PRESIDENT** ☐ DELETE

NAME **ZACHARY S. METRICK**
STREET ADDRESS **5210 SAPPHIRE VALLEY**
CITY-ST-ZIP **BOCA RATON, FLORIDA**

TITLE ☐ ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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:

Bernard E. Metrick, Pres.

Date

Daytime Phone #

2/22/99 521 382 5107

CR2E034 (11/98)