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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000016083

1. Corporation Name

KENRAY, INC.

Mar 25, 1999 8:00 am Secretary of State

03-25-1999 90028 033 ***150.00

<u> </u>										
Principal Place of Business Mailing Address								· · · · · · · · · · · · · · · · · · ·	••••••	
3936 S. SEMORAN BOULEVARD SUITE 275 SUITE 275 ON AND STARROWS						DO NOT WRI	TE IN THIS	SPACE		
ORLANDO: FL* 32822 ORLANDO: FL* 32822					Pari Britan	DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified				
}						02/18/1998				
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number		1 1	Applied For	
21		26				59-3496873			lot Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		-	Additional Required	
City & State	3	City & State				6. Election Campaign Financing		\$5.00	May Be	
23		28				Trust Fund Contribution		Added	to Fees	4
Zip Country 24 25		Zip 29	¬ ' [¬]			This corporation owes the curr Personal Property Tax.		Yes		
*	9. Name and Address of Current					10. Name and Address of New I	Registered /	Agent		
				81	Name	•				
PADGETT, TIMOTHY D ESQ. 701 EAST TENNESSEE STREET				82	Street Addre	ess (P.O. Box Number is Not Accept	able)		,	
TALL	AHASSEE FL 32308			83			•			
				84	City			85 Zig	Code	
				1 1	•		<u> </u>			_
11:-Pursuant to	to the provisions of Sections 607.0502 egistered agent, or both, in the State of	2:and:607:1508;:Florida;S of Florida. Such change w	tatutes, the a vas authorized	above: d by th	named corpo he corporation	ration;submits,this statement for the n's board of directors. I hereby acce	pt the appoir	changing i ntment as	registered	
agent. I ar	m familiar with, and accept the obligati	ions of, Section 607.0505	i, Florida Stat	tutes.						
SIGNATURE										
SIGNATURE	Signature, based or printed name of registered agent	f and title if applicable.	(NOTE: Registered	d Agent :	signature required	when reinstating)	DATE			. ا
12.	Signature, typed or printed name of registered agent OFFICERS ANI		(NOTE: Registered		signature required	when reinstating) ADDITIONS/CHANGES TO OF		D DIRECT		
			13.		signature required			D DIRECT		0 0
12.	OFFICERS AND D BROCKETT, WILLIAM J	D DIRECTORS	13.	ITLE	signature required					000000000000000000000000000000000000000
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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: