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03-09-1999 90095 003 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000061976

1. Corporation Name
THE KENT CORPORATION

Principal Place of Business
915 MIDDLE RIVER DRIVE SUITE 506
FORT LAUDERDALE FL 33304

Mailing Address
915 MIDDLE RIVER DRIVE SUITE 506
FORT LAUDERDALE FL 33304



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 70 Bay Colony Lane

Suite, Apt. #, etc.

22

City & State

23 Ft. Lauderdale, Fla

Zip

24 33308

Country

25 Broward

2a. Mailing Address

26 70 Bay Colony Lane

Suite, Apt. #, etc.

27

City & State

28 Ft. Lauderdale, Fla

Zip

29 33308

Country

30 Broward

3. Date Incorporated or Qualified

07/14/1998

4. FEI Number ()

65-0848914

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

9. Name and Address of Current Registered Agent

SMITH, ALLEN K
3110 N.E. 43 STREET
FORT LAUDERDALE FL 33308

10. Name and Address of New Registered Agent

81 Name Smith, Allen K.

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

70 Bay Colony Lane

83

84 City Ft. Lauderdale

FL

85 Zip Code

33308

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

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME SMITH, ALLEN K

STREET ADDRESS 3110 N.E. 43RD STREET

CITY-ST-ZIP FORT LAUDERDALE FL 33308

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DPST ☐ Change ☐ Addition

1.2 NAME SMITH, ALLEN K

1.3 STREET ADDRESS 70 Bay Colony Lane

1.4 CITY-ST-ZIP Ft. Lauderdale, Fla 33308

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:  REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)