

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
Mar 10, 1999 8:00 am  
Secretary of State

03-10-1999 90021 037 \*\*\*158.75

DOCUMENT # P98000062728

1. Corporation Name

KENNER CONSTRUCTION INCORPORATED

Principal Place of Business

9700 SOUTH DIXIE HIGHWAY, SUITE 550  
MIAMI FL 33156

Mailing Address

9700 SOUTH DIXIE HIGHWAY, SUITE 550  
MIAMI FL 33156

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/14/1998

2. Principal Place of Business

21 PO BOX 560926  
Suite, Apt. #, etc.

2a. Mailing Address

26 PO BOX 560926  
Suite, Apt. #, etc.

4. FEL Number

65-0549830

Applied For

Not Applicable

22

27

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

23

28

6. Election Campaign Financing ☐

\$5.00 May Be  
Added to Fees

24

29

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

9. Name and Address of Current Registered Agent

SUGARMAN, CARL M ESQUIRE  
9700 SOUTH DIXIE HIGHWAY, SUITE 550  
MIAMI FL 33156

10. Name and Address of New Registered Agent

81 Name

KENNETH GOMBERG

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

13644 SW 92 COURT

83

84 City

MIAMI

FL

85 Zip Code  
33126

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

*Kenneth Gomburg*

PRESIDENT

DATE  
3/1/99

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
DP	GOMBERG, KENNETH	13644 SW 92 COURT	MIAMI FL 33176	
DVST	GOMBERG, JEANETTE	1 GROVE ISLE DRIVE, SUITE 605	CORAL GABLES FL 33133	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

*Kenneth Gomburg, Sec. V.P.*

2/26/99

305.665.3222

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)