2000 UNIFORM BUSINESS REPORT (UBR)					5/15/00-90243-044-\$150.00-\$150.00			
DOCUMENT # P99000016477 1. Entity Name					FILED			
KENAN ENTERPRISES, INC.					00 JUN -2 AM 8: 35			
Principal Place of Business Mailing Address								
6231 AVENTURA DR. SARASOTA FL 34241		6231 AVENTURA DR. SARASOTA FL 34241-9448			SECRETARY TALLAHASSEE	of State , florida	_	
2. Principal Place of Business		3. Mailing Address	3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE			
Citý & Stāte		City & State	City & State		4. FEI Number . Applied For . Not Applied by			
Zip	Country	Zip	Country		5. Certificate of Status Desired	S8.75 Add		
	6. Name and Address of Curre	nt Registered Agent		7	7. Name and Address of New Reg	istered Agent		
	AVENTURA DR.		Nami Street Ad	CAQ / dress (P.O	D. Box Number is Not Acceptable	rive		
SARA	SOTA FL 34241	e i i i i i i i i i i i i i i i i i i i	~					
			City Se	Zra s	ota	FL Zip Coo	<u> </u>	
8. The above	named entity submits this statemen	t for the purpose of changing its	registered office or	registered	agent, or both, in the State of Florid	da.	ĺ	
SIGNATURE _	Signature, typed or printed name of registered ag	ent and title if applicable. (NOT	E. Registered Agent signatur	a required whi	en /einstabing)	DATE		
Tax filing re	ration is eligible to satisfy its inlanging opurement and elects to do so. a on back)		III FEE IS \$150.0 00 Fee will be \$55 de to Department	50.00` ~	10. Election Campaign Finan Trust Fund Contribution.		May Be to Fees	
11.		ND DIRECTORS		3. 4 To 2	ADDITIONS/CHANGES TO OFFIC			
NAME. STREET ADDRESS	Kenan Cetin	resident Delete	NAME STREET ADDRESS	Ken 623	i Aventora Ori	dent Change	dent)	
CITY-ST-ZIP	Sarasota, FI	34241	CITY-ST-ZIP	Sara	250ta, Fl 3424			
TITLE		· ··· • Delete · · ·	TITLE NAME STREET ADDRESS	•		Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP	· ·	······	CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CHY-ST-ZIP			☐ Change	☐ Addition	
TITLE		☐ Delete	TITLE	<u> </u>		Change	Addition	
STREET ADDRESS CITY-S1-ZIP			STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delets	TITLE NAME STREET ADDRESS CITY-SI-ZIP	· · · · · · · · · · · · · · · · · · ·	And the second of the second o	Change	Addition	
TITLE	7	Delete	TITLE NAMÉ			Change	Addition	
STREET ADDRESS CITY-ST-ZIP		> .=	STREET ADDRESS CITY-ST-ZIP			91		
indicated of the cort	ertily that the information supplied yon this report or supplemental report or supplemental report or trustee er or on an attachment with an address	rt is true and accurate and that r	ny signature shall ha as required by Char	ive the san	be legal effect as it made under oat	n∙ mar i am an onicer	or director (