PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # S12174

1. Corporation Name

SIGNATURE

KERRY INTERNATIONAL INC.

Principal Place	e of Business	Mailing Address						
1500 W CYPRESS CREEK RD 1500 W CYPRESS CREEK RD			RD					
STE 305		STE 305			DO NOT MEDITE IN THIS OBACE			
FT LAUDERDAL	E FL 33309	FT LAUDERDALE FL 33309)			DO NOT WRITE IN THIS SPACE		
US US					3. Date Incorporated or Qualifed			
					11/13/1990			
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	<u> </u>	Applied For	
21	26			65-0230036		lot Applicable		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		Additional	
22 - 27 - 27 - 27					5. Collination of States Booking	Fee f	Required · * ·	
City & State ,		City & State			6. Election Campaign Financing	\$5.0	May Be	
23		28			Trust Fund Contribution	Adde	to Fees	
Zip	Zip Country Zip		Country		8. This corporation owes the current year	r Intangible	_	
24	25	29	30		Personal Property Tax.	☐ Yes	19 √10	
7.1.	9. Name and Address of Currer	nt Registered Agent			10. Name and Address of New Registe	red Agent		
		7		81 Name	•		į	
KERREBYN, JAN, JR.					(D.C. D. N			
	S OCEAN BLVD			82 Street Ad	ddress (P.O. Box Number is Not Acceptable)		ł	
APT 2-A				83				
	A RATON FL 33432							
500	A TATON TE SOTOE			84 City			Code	
						FL	 	
office or r	to the provisions of Sections 607.050 registered agent, or both, in the State im familiar with, and accept the obligations are considered to the college control of the college col	of Florida. Such change was a	iuthorize	a by the corpora	orporation submits this statement for the purpos ation's board of directors. I hereby accept the a	ppointment as	registered	
SIGNATURE					uired when reinstating) DATi			
42	Signature, typed or printed name of registered age	ID DIRECTORS	13.	o Agent signature req	ADDITIONS/CHANGES TO OFFICERS		ORS IN 12	
12.	r-	DELETE	1.1 T	me	ADDITIONS/CHANGES TO OFF TOE!	☐ Change		
TITLE	PSTD	U DELL'IE						
NAME	KERREBYN, JAN, JR.			AME				
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CITY+ST-ZIP	BOCA RATON FL		_	ITY-ST-ZIP			Addition	
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NAME	KERREBYN, JANY D		2.2 N	IAME				
STREET ADDRESS	1180 S OCEAN BLVD APT 2-A	ı.	2.3 S	TREET ADDRESS				
CITY-ST-ZIP	BOCA RATON FL 33432	and the second s	2.40	CITY-ST-ZIP				
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NAME			3.2 N	IAME		`	ļ	
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STREET ADDRESS	Ϊ .			CITY-ST-ZIP			ļ	

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.

FILED Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90286 032 ***150.00