FILE NOW: FILING FEE AFTER MAY 1 IS \$550:00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # \$40182

(5)

KENP, INC.

Principal Place of Business

P.O. BOX 1363 TAMPA FL 33601 Mailing Address
P.O. BOX 1363
TAMPA FL 33601-1363

FILED May 13 1997 8:00am Secretary of State



								[3	03/21/1991 05/0					te of Last Report)1/1996	
				2a. Mailing Address					4. FEI Nun						Applied For
21			26						65-0	269421			· · · · · · · ·		lot Applicable
Suite, Apt. #, etc.			27 S	Suite, Apt. #, etc.					5. Certificate of Status Desired See Required Fee Required						
City & State			c	City & State					6. Election	Campaig	n Financir	ng		\$5.0	D May Be
23				28				Trust Fund Contribution Added to Fees							
Zip		Country Z ₁ p			_ ¢	Country			8. This cor	poration	nas liability				s. 199.032,
24	25		29		30				Florida Statutes Yes No						
		nd Address of Curren	<u>-</u>			1			0. Name s	ind Addr	ess of Ne	w Reg	gistered	Agent	
GIBBONS, TUCKER, MILLER, WHATLEY & STEIN, A PROFESSIONAL ASSOCIATION							81 Name								
							Street /	Address	(P.O. Box	Number i	Not Acce	eptab	ie)		
101 E KËNNEDY BLVD., SUITE 1000 1AMPA FL 33602							Street Address (P.O. Box Number is Not Acceptable)								
						83									
						84 City			 				FI	85 Zip	Code
11 Pur	suant to the provisio	ns of Sections 607.050	2 and 607	1508 Florida Statut	os the	above	namad.	i corporal	tion submit	e this stat	oment for	the n		Changing	ite registered
Offi	ce or registered age	nt, or both, in the State n, and accept the obliga	of Florida.	Such change was a	authoriz	od by	the corp	poration's	s board of	directors.	t hereby a	вссер	t the app	ointment a	s registered
SIGNAT	URE Signature, typed o	r printed name of registered age	nt and title if a	pplicable. (NOI	L Alogisto	red Age	ni signalure	e required wh	hen reinstating)				DATE		
12.		OFFICERS AN	D DIRECTO	ORS	13.				ADDITIO	NS/CHAN	GES TO C	OFFIC	ERS AND	DIRECTO	RS IN 12
TITLE	DPT			☐ DELETE	1.1	TITLE			•					☐ Change	Addition
NAME	PETERSO	n, kenneth a.			1.2	NAME				. 4		- /			•
STREET ADDRESS 1107 GRAHAM DRIVE				1.3		1.3 STREET ADDRESS /		128	7 B -	21,24	Stee	et			
CITY-ST-	ZIP BRANDON	l FL			1.4	CHY-S	I - 2IP	Hol	78 - 1765 1	BEACH	V, FL		3421	17	
TITLE	DS			☐ DELETE	2.1	TITLE								Change	Addition
NAME		N, JUDY M.			2.2	NAME									
STREET AD	DRESS 1107 GRA	ham drive			2.3	STREET	ADDRESS								i
CITY-ST-	ZIP BRANDON	l FL		_	2.4	City-S	1 - ZIP								
TITLE	V			DELETE	3.1	TITLE								Change	Addition
NAME		n, steven			3.2	NAME									ļ
STREET AD		HAM DRIVE			3.3	STREET	ADDRESS								
CITY-ST-	BRANDON	I FL			3.4.	CITY-S	1- ZIP								
TITLE				☐ DELETE	4.1	111LF								Change	Addition
NAME					4. 2	NAME		1							
STREET AD	DRESS				4.3	STREET	ADDRESS	1							
CITY-ST-	riP .				4.4	CITY-S	1-21P								
TITLE				DELETE	5.1	TITLE								Change	Addition
NAME	ν,				5.2	NAME									
STREET AD	DRESS				5.3	STREET	ADDRESS								
CITY-ST-	r(P				5.4	CITY-S	1-ZIP								}
TITLE				☐ DELETE		1111.6		1						Change	Addition
NAME					6.2	NAME									
STREET AD	DRESS				6.3	STREET	ADDRESS								
CITY-ST-	tiP				6.4	CITY-S	r-zie								· · · · · · · · · · · · · · · · · · ·
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I do 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 suppliemental 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, g on an attachment with an address.