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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(0)

Principal Place of Business	Mailing Address					
2210 S. FORBES RD PLANT CITY FL 33567	2210 S. FORBES RD PLANT CITY FL 33567					

FILED Mar 24 1998 8:00am Secretary of State

FORBE	s Kenne	EL, INC.										
Principal Plac	e of Busines	\$	Maili	ng Address				-	(1881)/1880 viv 1880) (8/18 1/18/1/18/18	81() 818 () 8 ()	JIH OTOLO GIOHI OH	II Gir ii F oo i
2210 S. FORE	BES RD		2210	S. FORBES RD								
PLANT CITY FL 33567 PLANT CITY FL 33567								DO NOT WRI	TE IN THE	e SPACE		
									3. Date Incorporated or Qualified			
									09/05/1991			
2. Principal P	lace of Busin	ness	2a. N	lailing Address					4. FEI Number		A	pplied For
21			26						59-3078912		N _i	ot Applicable
Suite, Apt	#. etc.		S	uite, Apt. #, etc.					5. Certificate of Status Desired		7	Additional
22			27									equired
City & State				City & State					6. Election Campaign Financing		•	May Be
Zip		Country	28 7	in .	T Co	ountry			Trust Fund Contribution			to Fees
24		25	29	· ! */	30	/(J1111)			 This corporation owes or has personal Property Tax due Jui 			angible No
	9, Name	and Address of Curr		ed Agent	100]	7			10. Name and Address of New I		_==	<u>-1.::</u> -
. Bi A	ALOCK, RO	BERT G			***	81	Name					
		REET WEST				82	Street	Addres	ss (P.O. Box Number is Not Accept	able)		
	ADENTON						011001	7100.00		20.07		
						83						
						84	City				85 Zip	Code
						1 1				FI	┕╎╎	
11. Pursuant to office or re	to the provis egistered ag m familiar wi	ions of Sections 607.09 jent, or both, in the Sta th, and accept the obli	502 and 607. te of Florida. gaations of S	1508, Florida Statu Such change was lection 607 0505, Fl	tes, the authoriz lorida Sta	above ed by	e-named the corp	corpor poration	ration submits this statement for the n's board of directors. I hereby acc	purpose ept the ap	of changing it opointment as	ts registered registered
SIGNATURE	or registrates 447	and accopy the con-	ganorio oi, o	000,0000,11	0.100 00	J(#100						
	Signature Typied	or printed name of registered a	igent and title if a	pplicable (NO	IF Register	ed Age	nt signature	required	when reinstating)	DATE		
12.		OFFICERS A	ND DIRECTO		13				ADDITIONS/CHANGES TO OFF	ICERS AN		
TITLE	P			☐ DELETE		TITLE			ESIDENT - P		Change	Addition
NAME	WONG,				1.2	NAME		461	19 COUNTRY MANOR	BR.		
STREET ADDRESS		ARMENIA AVE			1.3	STREET	address	enn	00.00			
CITY-ST-ZIP	TAMPA	<u>FL</u>		DELETE		CITY-S	T-ZIP	DHIC	ASOTA, FLORIDA 342	.33	Channa	Addition
TATLE	VP.	441/		☐ DELETE		TITLE					L Change	Addition
NAME	JANG, N					NAME						ļ
STREET ADDRESS		HONORE AVE.		-			ADDRESS	•		1-1		
CITY-ST-ZIP TITLE	SARASC	/IA FL		DELETE		CITY-S TITLE	H-ZIP				Change	Addition
NAME				DECEME		NAME					Change	
STREET ADDRESS							ADDRESS					ļ
CITY-ST-ZIP						CITY-S						
TITLE				☐ DELE TE		TITLE	1 14.0	 			Change	Addition
NAME						NAME						
STREET ADDRESS							ADDRESS					
CITY-ST-ZIP					- 1	CITY-S						
TITLE				☐ DELETE		TITLE					Change	Addition
NAME					5.2	NAME						
STREET ADDRESS					5.3	STREET.	ADDRESS					
CITY-ST-ZIP						CHTY-ST						
TITLE				DELETE		ITLE					Change	Addition
NAME					6.2	NAME						
STREET ADDRESS					6.3 9	STREET	ADDRESS					
CITY-ST-ZIP					6.4 (CITY-ST	- Z IP					

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 13 if changed or on an altan ment with an address.

SIGNATURE: