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

DOCUMENT # **\$78276**

1. Corporation Name

Feb 26, 1999 8:00 am Secretary of State

02-26-1999 90018 015 ***150.00

FORBES	KENNEL, INC.								
Principal Place	of Business	Mailing Address			-	### (14 10001 1M110 11.917 10010 0	itti Atar Ribit		11 01914 1861
2210 S. FORBES RD 2210 S. FORBES RD PLANT CITY FL 33567					,	DO NOT WRITE	IN THIS SP	ACE	
					3. Date Inco	rporated or Qualifed			
					09/05/1	991			
2. Principal Pla	ace of Business	2a. Mailing Address	-		4. FEI Numb			1	ied For
21			RY N	ganor De	59-3078	3912			Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate	of Status Desired]. '	8.75 Ad Fee Req	
22		27 SARASOTA, City & State	FLOR	CIDH	a Florting C	ampaign Financing		\$5.00 M	
City & State	9	28			1 1	d Contribution]	Added to	
23 Zip	Country	Zip	Country	/		oration owes the current	year Intang	ible	
24	25	29 34233 30		1. S. A	Personal	Property Tax.	<u> </u>	Yes []No
====	9. Name and Address of Current		<u> </u>		10. Name an	d Address of New Reg	istered Ag	ent	
				Name	IAY JA	NG			
BLALOCK, ROBERT G				Street Addre		umber is Not Acceptable)		
802 11TH STREET WEST			83						
BRADENTON FL 34205				4619	COUNTR	y MANOR '	DRIVE	5	
			84	City SA	PACATIA		FL	85 Zip Co	ode 233
	to the provisions of Sections 607,0502	1 007 4500 51 14 Chapter	455		RASOTA	his statement for the nu	rnage of chi	anging its r	ngistered
11, Pursuant t	to the provisions of Sections 607.0502 egistered agont or both, in the State of mamiliar with and accept the obligati	f Florida. Such change was auth	orized by	the corporation	n's board of dire	ctors. I hereby accept the	ne appointm	ent as regi	stered
agent. I ar	m amilia with and accept the obligati	ions of, Section 607.0505, Florida	a Statute:	s. محریم <i>ا</i>	į		1/0	oc /99	
SIGNATURE		1. / 5 ///		DENT) int signature required	when reinstating)		DATE	<u>~,.,</u>	
12.	Someture, typed contributed have of registered agent OFFICERS ANI		13.			S/CHANGES TO OFFIC			
TITLE	ρ	☐ DELETE	1.1 TITLE			•] Change	☐ Addition
NAME	WONG, BO KIM		1.2 NAME		1				
STREET ADDRESS	4619 COUNTRY MANOR DRIVE		1.3 STREE	TADDRESS	1				
CITY-ST-ZIP	SARASOTA FL 34233		1.4 CITY-5	ST-ZIP				7.05	- Addision
TITLE	VP	☐ DELETE	2.1 TITLE		1	4 - 1	L] Change	Addition
NAME	JANG, MAY		2.2 NAME				,		
STREET ADDRESS	1780 N. HONORE AVE.		2.3 STREE	ET ADDRESS		•			
CITY-ST-ZIP	SARASOTA FL		2. 4 CITY-	ST-ZIP				Change	☐ Addition
TITLE		☐ DELETE	3.1 TITLE		!	• •	L	_ Change	
NAME			3.2 NAME						
STREET ADDRESS				ET ADDRESS					İ
CITY-ST-ZIP		☐ DELETE	3.4 CITY-	ST-ZIP				Change	☐ Addition
TITLE		TT DEFEIG	4.1 TITLE	.	1	•	·		
NAME			4. 2 NAME	l l	 				
STREET ADDRESS				ET ADDRESS			÷.		
CITY-ST-ZIP		☐ DELETE	4.4 CITY-	SI-ZIP	i			Change	☐ Addition
TITLE		□ percir	5.2 NAME		1	,			l
NAME				ET ADDRESS	1				1
STREET ADDRESS			5.4 CITY-		!				
CITY-ST-ZIP		□ nei ete	6.1 TITLE				. [Change	Addition

CITY-ST-ZIP 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 targete 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.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

DELETE