FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **V60510** **(7)**

1. Corporation Name

KENDON, INC.

Principal Place of Business

3400 ULMERTON RD.
CLEARWATER FL 34622
US

Mailing Address

3400 ULMERTON RD.
CLEARWATER FL 34622
US

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip 24 Country 25

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip 29 Country 30

3. Date Incorporated or Qualified: **08/27/1992**

3a. Date of Last Report: **02/21/1995**

4. FEI Number: **59-3140541**

Applied For
X Not Applicable

5. Certificate of Status Desired [ ] **$8.75** Additional Fee Required

6. Election Campaign Finance Trust Fund Contribution [ ] **$5.00** May Be Added to Fees

8. Is this corporation filing for an interstate transaction under s. 190.032, Florida Statutes? [ ] Yes [ ] No

9. Name and Address of Current Registered Agent

ALIPOUR, AHMAD
3400 ULMERTON RD.
CLEARWATER FL 34622

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number(s) Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Section 607.0502 and 617.1502, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's Board of Directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE DATE

12. OFFICERS AND DIRECTORS

TITLE **DP** [ ] DELETE
NAME **ALIPOUR, AHMAD**
STREET ADDRESS **C/O SHOWBOAT CHEVRON, 3400 ULMERTON RD.**
CITY-ST-ZIP **CLEARWATER FL**

TITLE **T** [ ] DELETE
NAME **ALIPOUR, AHMAD**
STREET ADDRESS **C/O SHOWBOAT CHEVRON, 3400 ULMERTON RD.**
CITY-ST-ZIP **CLEARWATER FL**

TITLE **VS** [ ] DELETE
NAME **ALIPOUR, VERONICA M**
STREET ADDRESS **% SHOWBOAT CHEVRON, 3400 ULMERTON RD**
CITY-ST-ZIP **CLEARWATER FL**

TITLE [ ] DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE [ ] DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE [ ] DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

1 TITLE [ ] Change [ ] Add/Mod
1 NAME
1 STREET ADDRESS
1 CITY-ST-ZIP

2 TITLE [ ] Change [ ] Add/Mod
2 NAME
2 STREET ADDRESS
2 CITY-ST-ZIP

3 TITLE [ ] Change [ ] Add/Mod
3 NAME
3 STREET ADDRESS
3 CITY-ST-ZIP

4 TITLE [ ] Change [ ] Add/Mod
4 NAME
4 STREET ADDRESS
4 CITY-ST-ZIP

5 TITLE [ ] Change [ ] Add/Mod
5 NAME
5 STREET ADDRESS
5 CITY-ST-ZIP

6 TITLE [ ] Change [ ] Add/Mod
6 NAME
6 STREET ADDRESS
6 CITY-ST-ZIP

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is true, accurate, complete and current; and that I am authorized to execute this report as required by Chapter 607 or Chapter 617, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 or Chapter 617, Florida Statutes; or that my name appears in Block 12 or Block 13 if changed or added above.

SIGNATURE: Ahmad Alipour 4-15-96 (813) 572-4222
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE TELEPHONE NUMBER

Ahmad Alipour