


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

FILED
Apr 02, 1999 8:00 am
Secretary of State

04-02-1999 90088 043 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # V60510

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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 AIRPORT AMOCO Suite, Apt. #, etc. 22 4201 HILLSBOROUGH AVE. City & State 23 TAMPA, FLA Zip Country 24 33615 25 U.S.A		2a. Mailing Address 26 1711 MANDALAY DRIVE Suite, Apt. #, etc. 27 City & State 28 TARZON SPRING FLA. Zip Country 29 34689 30 U.S.A.		3. Date Incorporated or Qualified 08/27/1992	4. FEI Number 59-3140541 Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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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 AHMAD ALIPOUR 82 Street Address (P.O. Box Number is Not Acceptable) 1711 MANDALAY DRIVE 83 84 City TARZON SPRING FL 85 Zip Code 34689			
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11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DP	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ALIPOUR, AHMAD			1.2 NAME			
STREET ADDRESS	C/O SHOWBOAT CHEVRON, 3400 ULMERTON RD.			1.3 STREET ADDRESS	1711 MANDALAY DRIVE		
CITY-ST-ZIP	CLEARWATER FL			1.4 CITY-ST-ZIP	TARZON SPRING FL 34689		
TITLE	T	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ALIPOUR, AHMAD			2.2 NAME			
STREET ADDRESS	C/O SHOWBOAT CHEVRON, 3400 ULMERTON RD.			2.3 STREET ADDRESS	1711 MANDALAY DRIVE		
CITY-ST-ZIP	CLEARWATER FL			2.4 CITY-ST-ZIP	TARZON SPRING FL 34689		
TITLE	VS	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ALIPOUR, VERONICA M			3.2 NAME			
STREET ADDRESS	% SHOWBOAT CHEVRON, 3400 ULMERTON RD			3.3 STREET ADDRESS	1711 MANDALAY DRIVE		
CITY-ST-ZIP	CLEARWATER FL			3.4 CITY-ST-ZIP	TARZON SPRING FL 34689		
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 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 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.

SIGNATURE:

 **AHMAD ALIPOUR 4-1-99**