FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED
95 MAR 15 AM 11:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 715987 (4)

1. Corporation Name
KING'S WAY CONDOMINIUM APTS., INC.

Principal Place of Business	Mailing Address
2598 LAKEVIEW CT. COOPER CITY FL 33026	2598 LAKEVIEW CT. COOPER CITY FL 33026

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/03/1969
3a. Date of Last Report: 03/01/1994
4. FEI Number: NOT APPLICABLE ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21 Kingsway Condominium Apt #26	
Suite, Apt. #, etc. 22 2837 Pierce Street	Suite, Apt. #, etc. 27
City & State 23 Hollywood Florida	City & State 28
Zip 24 33020 Country 25 USA	Zip 29 Country 30

9. Name and Address of Current Registered Agent

TYMON, JOHN J.
2837 PIERCE STREET, APT. #10
HOLLYWOOD FL 33020

10. Name and Address of New Registered Agent

81 Name: Pamela Anne Leeson
82 Street Address (P.O. Box Number is Not Acceptable): 2598 Lakeview Court
83
84 City: Cooper City FL 85 Zip Code: 33026

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: Pamela A. Leeson — Pamela A. Leeson — 3/2/95
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	STD	1.1 TITLE	☐ Change ☐ Addition
NAME	LEESON, PAMELA A	1.2 NAME	
STREET ADDRESS	2598 LAKEVIEW CT.	1.3 STREET ADDRESS	
CITY-ST-ZIP	COOPER CITY FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	POHLE, MILDRED	2.2 NAME	
STREET ADDRESS	2837 PIERCE STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL	2.4 CITY-ST-ZIP	
TITLE	VD	3.1 TITLE	☐ Change ☐ Addition
NAME	UNSWORTH, DONALD	3.2 NAME	
STREET ADDRESS	2837 PIERCE STR #11	3.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL	3.4 CITY-ST-ZIP	
TITLE	PD	4.1 TITLE	☐ Change ☐ Addition
NAME	TYMON, JOHN J	4.2 NAME	
STREET ADDRESS	2837 PIERCE STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	SHANDER, PAULINE	5.2 NAME	
STREET ADDRESS	2837 PIERCE STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	MCKINNEY, ROSE	6.2 NAME	
STREET ADDRESS	2837 PIERCE STREET, #9	6.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL 33020	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Pamela A. Leeson — Pamela A. Leeson — 3/2/95 — (305) 435-8159
SIGNATURE AND TYPED or PRINTED NAME OF SECTION OFFICER OR DIRECTOR — Date — Daytime Phone #

0035870