FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # 715987 (4)

1. Corporation Name

KING'S WAY CONDOMINIUM APTS., INC.

Principal Place of Business	Mailing Address
KINGSWAY CONDOMINIUM APT INC 2837 PIERCE STREET HOLLYWOOD FL 33020 US	2598 LAKEVIEW CT. COOPER CITY FL 33026

2. Principal Place of Business	2a. Mailing Address
21 Kingsway Condominium Apt Inc	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 USA

3. Date Incorporated or Qualified: 02/03/1969

3a. Date of Last Report: 03/15/1995

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

LEESON, PAMELA A
2598 LAKEVIEW COURT
COOPER CITY FL 33026

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: Pamela A. Leeson — Pamela A. Leeson — 2/28/96

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	☐ DELETE	1.1 TITLE	~~STD~~ Director	☐ Change ☒ Addition
NAME	LEESON, PAMELA A		1.2 NAME	Christine Marsh	
STREET ADDRESS	2598 LAKEVIEW CT.		1.3 STREET ADDRESS	2837 Pierce Street #14	
CITY-ST-ZIP	COOPER CITY FL		1.4 CITY-ST-ZIP	Hollywood, Florida 33020	
TITLE	D	☐ DELETE	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	☐ DELETE	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	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	TYMON, JOHN J		4.2 NAME		
STREET ADDRESS	2837 PIERCE STREET		4.3 STREET ADDRESS	600001736596	
CITY-ST-ZIP	HOLLYWOOD FL		4.4 CITY-ST-ZIP	-03/08/96--01012--007	
TITLE	D	☐ DELETE	5.1 TITLE	***61.25	☐ 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	☐ DELETE	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		

CR2E037 (12/95)

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)(k), 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 — 2/28/96 — 954 - 435 - 8159

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #