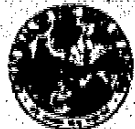


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

DOCUMENT # K39139

(6)

1. Corporation Name

KAYLYNNE PROPERTIES INC.

95 MAY -1 PM 11:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

**419 KEY EXECUTIVE BLDG
104 CRANDON BLVD
KEY BISCAYNE FL 33149**

**419 KEY EXECUTIVE BLDG
104 CRANDON BLVD
KEY BISCAYNE FL 33149**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

10/17/1988

3a. Date of Last Report

04/06/1994

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

65-0082950

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

City & State

City & State

23

28

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

24

Country

25

Country

29

Country

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GALAN, MARIA, J
419 KEY EXECUTIVE BLDG
104 CRANDON BLVD
KEY BISCAYNE FL 33149**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 PD
NAME DONAGHY, JAMES W.
STREET ADDRESS 104 CRANDON BLVD #419
CITY- ST- ZIP KEY BISCAYNE FL**

**1 1 TITLE
1 2 NAME
1 3 STREET ADDRESS
1 4 CITY- ST- ZIP**

☐ Change ☐ Addition

**TITLE VD
NAME HEALY, TIMOTHY F.
STREET ADDRESS 171 ACCABONAC RD
CITY- ST- ZIP EAST HAMPTON NY**

**2 1 TITLE
2 2 NAME
2 3 STREET ADDRESS
2 4 CITY- ST- ZIP**

☐ Change ☐ Addition

**TITLE S
NAME LEISCHNER, STEVEN
STREET ADDRESS 1979 DOGWOOD DR
CITY- ST- ZIP WESTFIELD NJ**

**3 1 TITLE
3 2 NAME
3 3 STREET ADDRESS
3 4 CITY- ST- ZIP**

☐ Change ☐ Addition

**TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP**

**4 1 TITLE
4 2 NAME
4 3 STREET ADDRESS
4 4 CITY- ST- ZIP**

☐ Change ☐ Addition

**TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP**

**5 1 TITLE
5 2 NAME
5 3 STREET ADDRESS
5 4 CITY- ST- ZIP**

☐ Change ☐ Addition

**TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP**

**6 1 TITLE
6 2 NAME
6 3 STREET ADDRESS
6 4 CITY- ST- ZIP**

☐ Change ☐ Addition

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; 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

James W. Donaghy
James W. Donaghy
President

4/25/95

(305) 361-8864