

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

**CORPORATION  
ANNUAL REPORT  
1995**



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

**DOCUMENT # L11952 (3)**

1. Corporation Name  
**KENDALL HAMMOCKS, INC.**

**APPROVED  
AND  
FILED**  
**95 APR 26 AM 8:42**  
**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

Principal Place of Business Mailing Address  
**% CLIFFORD L. SUCHMAN  
15675 SW 88 ST  
MIAMI FL 33156  
US** **C/O SHANE SUCHMAN R. E. CO.  
1550 MADRUGA AVE 230  
CORAL GABLES FL 33146  
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **08/25/1989** 3a. Date of Last Report **04/12/1994**  
4. FEI Number **65-0148053** 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

2. Principal Place of Business 2a. Mailing Address  
21 26  
22 Suite, Apt. #, etc. 27  
23 City & State 28  
24 Zip 25 Country 29 30

9. Name and Address of Current Registered Agent  
**SUCHMAN, DANIEL A.  
328 MINORCA AVENUE  
CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent  
81 Name **LAWRENCE E. SUCHMAN**  
82 Street Address (P.O. Box Number is Not Acceptable) **1550 MADRUGA AVE SUITE 230**  
83  
84 City **CORAL GABLES** FL 85 Zip Code **33146**

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, 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 607.0503, Florida Statutes.

SIGNATURE **LAWRENCE E. SUCHMAN, VP** DATE **4/21/95**

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>
NAME	<b>SUCHMAN, CLIFFORD L.</b>
STREET ADDRESS	<b>1550 MADRUGA AVE</b>
CITY-ST-ZIP	<b>CORAL GABLES FL</b>
TITLE	<b>ST</b>
NAME	<b>ROBERTS, PETER A</b>
STREET ADDRESS	<b>1550 MADRUGA AVE</b>
CITY-ST-ZIP	<b>CORAL GABLES FL</b>
TITLE	<b>V</b>
NAME	<b>SHANE, MARTIN H</b>
STREET ADDRESS	<b>1550 MADRUGA AVE</b>
CITY-ST-ZIP	<b>CORAL GABLES FL</b>
TITLE	<b>V</b>
NAME	<b>SUCHMAN, DANIEL A</b>
STREET ADDRESS	<b>328 MINORCA AVE</b>
CITY-ST-ZIP	<b>CORAL GABLES FL</b>
TITLE	<b>V</b>
NAME	<b>SUCHMAN, LAWRENCE E</b>
STREET ADDRESS	<b>1550 MADRUGA AVE</b>
CITY-ST-ZIP	<b>CORAL GABLES FL</b>
TITLE	<b>V</b>
NAME	<b>STEN, SAUL</b>
STREET ADDRESS	<b>1550 MADRUGA AVE</b>
CITY-ST-ZIP	<b>CORAL GABLES FL</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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)(b), 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 applicable), or on an attachment with an address.

SIGNATURE: **LAWRENCE E. SUCHMAN** DATE **4/21/95** TELEPHONE # **305-667-6461**