

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **L11952** (3)

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



Principal Place of Business: % CLIFFORD L. SUCHMAN, 15675 SW 88 ST, MIAMI FL 33156 US  
Mailing Address: C/O SHANE SUCHMAN R. E. CO., 1550 MADRUGA AVE S230, CORAL GABLES FL 33146 US

3. Date Incorporated or Qualified: 08/25/1989  
3a. Date of Last Report: 04/26/1995  
4. FEI Number: 65-0148053  
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 (21-24) and 2a. Mailing Address (26-30) fields with sub-sections for Suite, Apt. #, etc., City & State, Zip, and Country.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SUCHMAN, LAWRENCE E  
1550 MADRUGA AVE SUITE 230  
CORAL GABLES FL 33146

81 Name: SUCHMAN, LAWRENCE E  
82 Street Address (P.O. Box Number is Not Acceptable): 1550 MADRUGA AVE SUITE 230  
83 City: CORAL GABLES  
84 City: 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, 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] DATE: [Date]

12. OFFICERS AND DIRECTORS

TITLE: D	NAME: SUCHMAN, CLIFFORD L.	DELETED: <input type="checkbox"/>
STREET ADDRESS: 1550 MADRUGA AVE	CITY-ST-ZIP: CORAL GABLES FL	
TITLE: ST	NAME: ROBERTS, PETER A	DELETED: <input type="checkbox"/>
STREET ADDRESS: 1550 MADRUGA AVE	CITY-ST-ZIP: CORAL GABLES FL	
TITLE: V	NAME: SHANE, MARTIN H	DELETED: <input type="checkbox"/>
STREET ADDRESS: 1550 MADRUGA AVE	CITY-ST-ZIP: CORAL GABLES FL	
TITLE: V	NAME: SUCHMAN, DANIEL A	DELETED: <input type="checkbox"/>
STREET ADDRESS: 328 MINORCA AVE	CITY-ST-ZIP: CORAL GABLES FL	
TITLE: V	NAME: SUCHMAN, LAWRENCE E	DELETED: <input type="checkbox"/>
STREET ADDRESS: 1550 MADRUGA AVE	CITY-ST-ZIP: CORAL GABLES FL	
TITLE: V	NAME: STEIN, SAUL	DELETED: <input type="checkbox"/>
STREET ADDRESS: 1550 MADRUGA AVE	CITY-ST-ZIP: CORAL GABLES FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE: Director & PRESIDENT	Change/Addition: <input checked="" 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)(c), 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.

SIGNATURE: [Signature]

3/19/96 305-667-6461

CR2E034 (12/95)