

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P94000049330 (1)**

1. Corporation Name

KINGSLEY ARMS APARTMENTS, INC.



Principal Place of Business

Mailing Address

% BRUDER
1920 S OCEAN DR SUITE 16-C
HALLANDALE FL 33009

% BRUDER
1920 S OCEAN DR SUITE 16-C
HALLANDALE FL 33009

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

Country

29

Zip

Country

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

07/01/1994

3a. Date of Last Report

06/29/1995

4. FEI Number

65-0506785

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

\$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

PERLOW, JEFFREY M
% JEFFREY M PERLOW & ASSOCIATES PA
1820 E HALLANDALE BEACH BLVD
HALLANDALE FL 33009

10. Name and Address of New Registered Agent

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 installing)

DATE

12. OFFICERS AND DIRECTORS

TITLE DELETE

P
NAME BRUDER, BERNARD
STREET ADDRESS 1920 S OCEAN DR
CITY-ST-ZIP HALLANDALE FL 33009

TITLE DELETE

ST
NAME BRUDER, GINIA
STREET ADDRESS 1920 S OCEAN DR
CITY-ST-ZIP HALLANDALE FL 33009

TITLE DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Change Addition

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

21 TITLE Change Addition

22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE Change Addition

32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE Change Addition

42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE Change Addition

52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE Change Addition

62 NAME
63 STREET ADDRESS
64 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)(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Bernard Bruder*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/96

60514545140

Date

Daytime Phone

CR2E034 (12/95)