

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 27 1998 8:00am
Secretary of State

PROFIT CORPORATION
 ANNUAL REPORT
1998



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

DOCUMENT # P94000049330 (1)

1. Corporation Name
KINGSLEY ARMS APARTMENTS, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
% BRUDER
1820 S OCEAN DR SUITE 16-C
HALLANDALE FL 33009

Mailing Address
% BRUDER
1820 S OCEAN DR SUITE 16-C
HALLANDALE FL 33009

3. Date Incorporated or Qualified
07/01/1994

4. FEI Number
65-0506785

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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business
21 9291 E. Bay Harbor Drive
 Suite, Apt #, etc. **22 # 4-F**
 City & State **23 Bay Harbor Islands, FL**
 Zip **24 33154** Country **25**

2a. Mailing Address
26 9291 E. Bay Harbor Drive
 Suite, Apt #, etc. **27 # 4-F**
 City & State **28 Bay Harbor Island, FL**
 Zip **29 33154** Country **30**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE DELETE
 NAME **P BRUDER, BERNARD**
 STREET ADDRESS **1820 S OCEAN DR**
 CITY-ST-ZIP **HALLANDALE FL 33009**

TITLE DELETE
 NAME **ST BRUDER, GINIA**
 STREET ADDRESS **1820 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition
 1.2 NAME
 1.3 STREET ADDRESS **9291 E. Bay Harbor Dr. # 4-F**
 1.4 CITY-ST-ZIP **Bay Harbor Island, FL 33154**

2.1 TITLE Change Addition
 2.2 NAME
 2.3 STREET ADDRESS **9291 E. Bay Harbor Drive # 4-F**
 2.4 CITY-ST-ZIP **Bay Harbor Island FL 33154**

3.1 TITLE Change Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

6.1 TITLE Change Addition
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *GINIA BRUDER* 3/31/98 (305) 864 6834

CR2E034 (10/97)