

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

FILED
Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90033 001 ***150.00

0223072

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # P94000049330

1. Corporation Name
KINGSLEY ARMS APARTMENTS, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 9291 E. BAY HARBOR DRIVE #4-F BAY HARBOR ISLAND FL 33154 US	Mailing Address 9291 E. BAY HARBOR DRIVE #4-F BAY HARBOR ISLAND FL 33154 US
---	---

2. Principal Place of Business 21 9600 COLLINS AVENUE Suite, Apt. #, etc. # 1206 City & State BAL HARBOUR, FL Zip 33154 Country	2a. Mailing Address 26 9600 COLLINS AVENUE Suite, Apt. #, etc. # 1206 City & State BAL HARBOUR, FL Zip 33154 Country
---	--

3. Date Incorporated or Qualified 07/01/1994
4. FEI Number 65-0506785
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation owes the current year intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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 reinstating)		DATE	
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BRUDER, BERNARD		1.2 NAME		
STREET ADDRESS	9291 E. BAY HARBOR DR. #4-F		1.3 STREET ADDRESS	9600 COLLINS AVENUE #1206	
CITY-ST-ZIP	BAY HARBOR ISLAND FL 33154		1.4 CITY-ST-ZIP	BAL HARBOUR, FL 33154	
TITLE	ST	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BRUDER, GINIA		2.2 NAME		
STREET ADDRESS	9291 E. BAY HARBOR DRIVE #4-F		2.3 STREET ADDRESS	9600 COLLINS AVENUE #1206	
CITY-ST-ZIP	BAY HARBOR ISLAND FL 33154		2.4 CITY-ST-ZIP	BAL HARBOUR, FL 33154	
TITLE		<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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, with all other like empowered.

SIGNATURE: *Jeffrey M Perlow* **3/3/99** **(305) 867-2264**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)