

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **V24800 (7)**

1. Corporation Name
KIRSNER CAMBRIDGE PROPERTIES, INC.



Principal Place of Business: P.O. BOX 3555 WEST PALM BEACH FL 33402-3555
Mailing Address: P.O. BOX 3555 WEST PALM BEACH FL 33402-3555

3. Date Incorporated or Qualified: **03/26/1992**
3a. Date of Last Report: **04/17/1995**

2. Principal Place of Business: 21 P. O. Box 23800
2a. Mailing Address: 26 P. O. Box 23800

4. FEI Number: **65-0331453**
Applied For:
Not Applicable:

Suite, Apt. #, etc.: 22
Suite, Apt. #, etc.: 27

5. Certificate of Status Desired: \$8.75 Additional Fee Required

City & State: 23 Ft. Lauderdale, FL
City & State: 28 Ft. Lauderdale, FL

6. Election Campaign Financing: \$5.00 May Be Added to Fees

Zip: 24 33307
Country: 25 U.S.A.
Zip: 29 33307
Country: 30 U.S.A.

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KIRSNER, MARVIN A.
250 AUSTRALIAN AVENUE SOUTH
STE 500
WEST PALM BEACH FL 33401

81 Name: **Marvin A. Kirsner**
82 Street Address (P.O. Box Number is Not Acceptable): **1630 North Federal Highway**
83
84 City: **Fort Lauderdale** FL 85 **33305**

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]*
Signature typed or printed name of registered agent and street address

4/17/96
DA1

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DP	<input type="checkbox"/> DELETE
NAME	KIRSNER, HYMAN A.	
STREET ADDRESS	34 STAR ISLAND	
CITY - ST - ZIP	MIAMI BEACH FL 33139	
TITLE	DVPS	<input type="checkbox"/> DELETE
NAME	KIRSNER, MARVIN A.	
STREET ADDRESS	P.O. BOX 3555 N/A	
CITY - ST - ZIP	WEST PALM BEACH FL 33402-3555	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	P. O. Box 23800 N/A
2.4 CITY - ST - ZIP	Ft. Lauderdale, FL 33307
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	300001800163
4.4 CITY - ST - ZIP	-04/29/96--01136--007
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	***200.00
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)(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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/96 (954) 564-8000
Daytime Phone #

CR2E034 (12/95)