FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 AM 8:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **728556** **(2)**

1. Corporation Name

KING COLE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
900 BAY DRIVE MIAMI BEACH FL 33141	900 BAY DRIVE MIAMI BEACH FL 33141

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **12/27/1973**

3a. Date of Last Report: **07/12/1994**

4. FEI Number: **59-1905933** ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt #, etc (22)	Suite, Apt #, etc (27)
City & State (23)	City & State (28)
Zip (24) / County (25)	Zip (29) / County (30)

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required

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
% HYMAN & KAPLAN 44 W. FLAGLER ST. 14TH FLOOR COURTHOUSE TOWER MIAMI FL 33130	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 _____ DATE _____
Signature, typed or printed name, of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	VICE PRESIDENT	X Change ☐ Addition
NAME	HIGGINS, JOHN	12 NAME	Savage, Mickey	
STREET ADDRESS	900 BAY DR., STE. 1021	13 STREET ADDRESS	900 Bay Drive #522	
CITY-ST-ZIP	MIAMI BEACH FL	14 CITY-ST-ZIP	Miami Beach, Fl	
TITLE	VD	21 TITLE	SECRETARY	X Change ☐ Addition
NAME	STEINBERG, PAUL	22 NAME	Binder, Charles	
STREET ADDRESS	900 BAY DR., STE. 116	23 STREET ADDRESS	900 Bay Drive #606	
CITY-ST-ZIP	MIAMI BEACH FL	24 CITY-ST-ZIP	Miami Beach, Fl	
TITLE	TD	31 TITLE	TREASURER	X Change ☐ Addition
NAME	MORALES, ELSA	32 NAME	Chasin, Ben	
STREET ADDRESS	900 BAY DR., STE. 501	33 STREET ADDRESS	900 Bay Drive #206	
CITY-ST-ZIP	MIAMI BEACH FL	34 CITY-ST-ZIP	Miami Beach, Fl	
TITLE	SD	41 TITLE	DIRECTOR	X Change ☐ Addition
NAME	HOOVER, JAMES	42 NAME	Slavin, Bonita	
STREET ADDRESS	900 BAY DR., STE. 1-5	43 STREET ADDRESS	900 Bay Drive #102	
CITY-ST-ZIP	MIAMI BEACH FL	44 CITY-ST-ZIP	Miami Beach, Fl	
TITLE	VD	51 TITLE	DIRECTOR	☐ Change X Addition
NAME	MARTIN, ALEX	52 NAME	Arocha, Roland	
STREET ADDRESS	900 BAY DR., STE. 103	53 STREET ADDRESS	900 Bay Drive #527	
CITY-ST-ZIP	MIAMI BEACH FL	54 CITY-ST-ZIP	Miami Beach, Fl	
TITLE	D	61 TITLE	DIRECTOR	☐ Change X Addition
NAME	HUYSMAN, JAMES	62 NAME	Steinberg, Paul	
STREET ADDRESS	900 BAY DR., STE. 1002	63 STREET ADDRESS	900 Bay Drive #116	
CITY-ST-ZIP	MIAMI BEACH FL	64 CITY-ST-ZIP	Miami Beach, Fl	

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)(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 4-26-95 305-866-1411
SIGNATURE AND TYPED OR PRINTED NAME OF BINDING OFFICER OR DIRECTOR — Date — Daytime Phone #

0043377