FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR -6 AM 11:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 324573(5)

1. Corporation Name

THE KENWOOD APARTMENTS, INC.

Principal Place of Business	Mailing Address
1960 N. E. 161st St. North Miami Beach Florida 33162	Kenwood Apartments, Inc. C/O F. William Burke 5512 Goldsboro Road Bethesda, MD 20817

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/28/1967
3a. Date of Last Report: 03/05/94

2. Principal Place of Business	2a. Mailing Address	4. FEI Number: 59-1203089 ☐ Applied For ☐ Not Applicable
21 1960 N.E. 161st Street	26 C/O F. William Burke	
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 5512 Goldsboro Road	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
City & State 23 N. Miami Beach, FL	City & State 28 Bethesda, MD	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
Zip / Country 24 33162 / 25 Dade	Zip / Country 29 20817 / 30 Montgomery	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

C T Corporation
1200 S. Pine Island Road
Plantation, FL 33324

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 _____ DATE _____
(Attach typed or printed name of registered agent, if this is applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE NAME STREET ADDRESS CITY-ST-ZIP	11 TITLE: Chairman, President ☒ Change ☐ Addition 12 NAME: Susan B. Burke 13 STREET ADDRESS: 5512 Goldsboro Road 14 CITY-ST-ZIP: Bethesda, MD 20817
TITLE NAME STREET ADDRESS CITY-ST-ZIP	21 TITLE: Vice President, Secretary Treasurer ☒ Change ☐ Addition 22 NAME: F. William Burke, 23 STREET ADDRESS: 5512 Goldsboro Road 24 CITY-ST-ZIP: Bethesda, MD 20817
TITLE NAME STREET ADDRESS CITY-ST-ZIP	31 TITLE: Vice President ☒ Change ☐ Addition 32 NAME: Taylor Lee Burke, 33 STREET ADDRESS: 5512 Goldsboro Road 34 CITY-ST-ZIP: Bethesda, MD 20817
TITLE NAME STREET ADDRESS CITY-ST-ZIP	41 TITLE: ☐ Change ☐ Addition 42 NAME: 43 STREET ADDRESS: 44 CITY-ST-ZIP: 300001453963 -04/12/95--01020--012 ****200.00 ****200.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	51 TITLE: ☐ Change ☐ Addition 52 NAME: 53 STREET ADDRESS: 54 CITY-ST-ZIP: TLS. 4/6/95
TITLE NAME STREET ADDRESS 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)(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.

KENWOOD APARTMENTS, INC.

SIGNATURE: By: _____ 3/31/95 VP/Sec/Treasurer 202 434-7005
SIGNATURE AND TYPED OR PRINTED NAME OF BUSINESS OFFICER OR DIRECTOR — Date — Daytime Phone #

F. William Burke