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

PROFIT CORPORATION ANNUAL REPORT

1999

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE NAME



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Mar 17, 1999 8:00 am Secretary of State

03-17-1999 90074 050 ***150.00

DOCUMENT	#	324573
1. Corporation Name		<u> </u>

THE KENWOOD APARTMENTS, INC.

Principal Place	Principal Place of Business Mailing Address						
1960 NE 161ST STREET KENWOOD APARTMENTS, INC C/O B N MIAMI BEACH FL 33162 5512 GOLDSBORO ROAD IIS BETHESDA MD 20817		ic c/o bui	rke William	DO NOT WRITE IN	THIS SPACE		
US	US US		3. Date incorporated or Qualifed				
		••			12/28/1967		
2 Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number	Api	plied For
21		26			59-1203089	No	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				\$8.75	
22		27			5. Certifcate of Status Desired	Fee Re	quired
City & State	€	City & State	_		6. Election Campaign Financing		Мау Ве -
23		28			Trust Fund Contribution	Added to	o Fees
Zip	Country	Zip [3	Country 30	(This corporation owes the current ye Personal Property Tax.	ar Intangible ☐ Yes	V INo_
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New Regist	ared Agent	
		_	81	Name			
	CORPORATION SYSTEM		82	Street Add	ress (P.O. Box Number is Not Acceptable)		
	S. PINE ISLAND ROAD						
PLAN	NTATION FL 33324		83				
			84	City		FL 85 Zip (Code
agent. I a	m familiar with, and accept the obliga	tions of, Section 607.0505, Flori	da Statutes	i. 	on's board of directors. I hereby accept the		
Ĺ	Signature, typed or printed name of registered ager			nt signature require	ad when reinstating) DA ADDITIONS/CHANGES TO OFFICER		DS IN 12
12.	,	D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE	☐ Change	Addition
TITLE	VPST	- Detreit	1.2 NAME				_
NAME	Burke, F. William 5512 Goldsboro Road			T ADDRESS			
STREET ADDRESS	BETHESDA MD 20817		1.4 CITY-5	1			
CITY-ST-ZIP	CP CP	☐ DELETE	2.1 TITLE	11-21		☐ Change	Addition
NAME	BURKE, SUSAN B.		2.2 NAME	ļ			
STREET ADDRESS	5512 GOLDSBORO ROAD			T ADDRESS			
CITY-ST-ZIP	BETHESDA MD 20817		2.4 CITY-				
TITLE	VP	-□ DELETE	3.1 TITLE			☐ Change	☐ Addition
NAME	BURKE, TAYLOR L.		3.2 NAME	}			
STREET ADDRESS	5545 AAI BADADA DAAD		3.3 STREE	T ADDRESS			
CITY-ST-ZIP	BETHESDA MD 20817		3.4. CfTY-	ST-ZIP			
TITLE] , ==== ==============================	☐ DELETE	4.1 TITLE			☐ Change	Addition
NAME	. ,		4. 2 NAME				
STREET ADDRESS				TADDRESS			
CITY-ST-ZIP			4.4 CITY-1	ST-ZIP		Change	☐ Addition
TITLE		☐ DELETE	5.1 TITLE	Ì		☐ cuange	□ Made@n
NAME			5.2 NAME	T +0000500			
STREET ADDRESS	ì		■ 5.3 STREE	T ADDRESS			

14. 1 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.

DELETE

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

SIGNATURE: 2

2/20/99 202-434-7005

CR2E034 (11/98)

☐ Addition

☐ Change