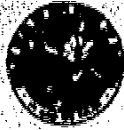


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY - 1 AM 11:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **708535** (0)
1. Corporation Name
KINGS PARK CONDOMINIUM GARDEN APARTMENTS, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
6269 WEST SUNRISE BLVD., SUITE 202 **6269 WEST SUNRISE BLVD., SUITE 202**
SUNRISE FL 33313 **SUNRISE FL 33313**

3. Date Incorporated or Qualified **02/25/1965** 3a. Date of Last Report **04/18/1994**
4. FEI Number **59-1111460** Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.
22. City & State 27. City & State
23. Zip Country 28. Zip Country
24. 25. 29. 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
SUMMIT PROPERTY MANAGEMENT, INC.
6269 WEST SUNRISE BLVD., SUITE 202
SUNRISE FL 33313

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 _____
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	PO	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHINN, ABE	1.2 NAME	Bob Saaf
STREET ADDRESS	4025 N FEDERAL HWY, 111A	1.3 STREET ADDRESS	4025 N. Federal Hwy., #121-A
CITY-ST-ZIP	FT. LAUDERDALE FL	1.4 CITY-ST-ZIP	FL. Laud., FL
TITLE	VO	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLDEN EARL	2.2 NAME	Gerald St. Lawrence
STREET ADDRESS	4025 N FEDERAL HWY #320-C	2.3 STREET ADDRESS	4025 N. Federal Hwy., #218-C
CITY-ST-ZIP	FT. LAUDERDALE FL	2.4 CITY-ST-ZIP	FL. Laud., FL
TITLE	TD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARMSTRONG HARRIET	3.2 NAME	
STREET ADDRESS	4025 N FEDERAL HWY 112-B	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL	3.4 CITY-ST-ZIP	
TITLE	SD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GEHRINGER, DOROTHY	4.2 NAME	
STREET ADDRESS	4025 N FED HWY #220A	4.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAUNER, MANFRED	5.2 NAME	Walter Schuetz
STREET ADDRESS	4025 N FEDERAL HWY 225-B	5.3 STREET ADDRESS	4025 N. Federal Hwy., #124-B
CITY-ST-ZIP	FT. LAUDERDALE FL	5.4 CITY-ST-ZIP	FL. Laud., FL
TITLE		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 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Dorothy M. Gehringer **DOROTHY M. GEHRINGER** 4/13/95 566-0957
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

305