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Apr 04 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 812580 (9)

1. Corporation Name
KENILWORTH HOUSE, INC.



Principal Place of Business
10225 COLLINS AVENUE
BAL HARBOUR FL 33154

Mailing Address
10225 COLLINS AVENUE
BAL HARBOUR FL 33154-1415

3. Date Incorporated or Qualified 02/24/1958
3a. Date of Last Report 02/12/1996

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 59-6063852		Applied For <input type="checkbox"/> Not Applicable	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22 City & State		27 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
23 Zip		28 Zip		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
24 Country		29 Country					

9. Name and Address of Current Registered Agent

GANGUZZA, JOSEPH H
C/O HYMAN & KAPLAN, P.A.
44 WEST FLAGLER STRET, SUITE 1400
MIAMI FL 33132

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P MCDONALD, MARGIE T <input checked="" type="checkbox"/> DELETE	1.1 TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	10225 COLLINS AVENUE	1.2 NAME	John J. Phillips
STREET ADDRESS	BAL HARBOUR FL 33154	1.3 STREET ADDRESS	10225 Collins Ave.
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Bal Harbour, FL 33154
TITLE	V GAYNOR, JAMES V <input checked="" type="checkbox"/> DELETE	2.1 TITLE	Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	10225 COLLINS AVENUE	2.2 NAME	Mary Stahl
STREET ADDRESS	BAL HARBOUR FL 33154	2.3 STREET ADDRESS	10225 Collins Ave.
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Bal Harbour, FL 33154
TITLE	T SANGER, CYRIL <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	10225 COLLINS AVENUE	3.2 NAME	
STREET ADDRESS	BAL HARBOUR FL 33154	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	S TROUTMAN, RICHARD C <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	10225 COLLINS AVENUE	4.2 NAME	
STREET ADDRESS	BAL HARBOUR FL 33154	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	O FRASER, FLEMING B <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	10225 COLLINS AVENUE	5.2 NAME	
STREET ADDRESS	BAL HARBOUR FL 33154	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	O PHILLIPS, JOHN <input checked="" type="checkbox"/> DELETE	6.1 TITLE	Officers <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	10225 COLLINS AVENUE	6.2 NAME	Anneliese Duncan & John A. Nerud
STREET ADDRESS	BAL HARBOUR FL 33154	6.3 STREET ADDRESS	10225 Collins Ave.
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Bal Harbour, FL 33154

14. I do 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 or in an attachment with an address.

SIGNATURE: *John J. Phillips* John J. Phillips, Pres. 3/31/97 (305) 861-8711
SIGNATURE AND TYPE OF AUTHORIZED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #

CR2E034 (9/96)