

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

FILED  
Jul 22 1998 8:00am  
Secretary of State

DOCUMENT # 812580 (9)  
1. Corporation Name  
KENILWORTH HOUSE, INC.



Principal Place of Business Mailing Address  
10225 COLLINS AVENUE 10225 COLLINS AVENUE  
BAL HARBOUR FL 33154 BAL HARBOUR FL 33154

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/24/1958	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-6063852	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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
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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PHILLIPS, JOHN J	1.2 NAME	PHILLIPS, JOHN J.
STREET ADDRESS	10225 COLLINS AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	BAL HARBOUR FL	1.4 CITY-ST-ZIP	
TITLE	VP	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STAHL, MARY	2.2 NAME	
STREET ADDRESS	10225 COLLINS AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	BAL HARBOUR FL	2.4 CITY-ST-ZIP	
TITLE	T	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANGER, CYRIL	3.2 NAME	
STREET ADDRESS	10225 COLLINS AVENUE	3.3 STREET ADDRESS	
CITY-ST-ZIP	BAL HARBOUR FL 33154	3.4 CITY-ST-ZIP	
TITLE	S	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TROUTMAN, RICHARD C	4.2 NAME	
STREET ADDRESS	10225 COLLINS AVENUE	4.3 STREET ADDRESS	
CITY-ST-ZIP	BAL HARBOUR FL 33154	4.4 CITY-ST-ZIP	
TITLE	O	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRASER, FLEMING B	5.2 NAME	
STREET ADDRESS	10225 COLLINS AVENUE	5.3 STREET ADDRESS	
CITY-ST-ZIP	BAL HARBOUR FL 33154	5.4 CITY-ST-ZIP	
TITLE	O	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUNCAN, ANNELIESE	6.2 NAME	
STREET ADDRESS	10225 COLLINS AVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	BAL HARBOUR FL	6.4 CITY-ST-ZIP	

14. I 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.

SIGNATURE:

*[Signature]* 7/14/98 (305) 861-8711

CR2E034 (5/98)