FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # **F29303** **(7)**

1. Corporation Name
P.M. KINSEY, INC.

Principal Place of Business
120 E OAKLAND PARK BLVD #105
FT LAUDERDALE FL 33334
US

Mailing Address
120 E OAKLAND PK BLVD #105
FT. LAUDERDALE FL 33334
US

3. Date Incorporated or Qualified: **04/10/1981**
3a. Date of Last Report: **02/24/1995**

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22)
Suite, Apt. #, etc. (27)
City & State (23)
City & State (28)
Zip (24) Country (25)
Zip (29) Country (30)

4. FEI Number: **59-2084131** — Applied For / Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
PALMER, WILLIAM
100 SE 2ND ST, STE 3600
C/O JACOBSON, SCWARTZ , NASH AND BLOCK
MIAMI FL 33131

10. Name and Address of New Registered Agent
81 Name: PALMER WILLIAM
82 Street Address (P.O. Box Number is Not Acceptable): 2601 SOUTH BAYSHORE DRIVE #1600
83 C/O ADORNO + ZEDER
84 City: MIAMI FL 85 Zip Code: 33133

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) _____ (Date Registered Agent Signature accepted appointment) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PT	☐ DELETE
NAME	MAYER, JOAN K.	
STREET ADDRESS	941 SW 19TH ST	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	VS	☐ DELETE
NAME	GADD, LILLIAN K	
STREET ADDRESS	1970 STONEY MOUNTAIN	
CITY-ST-ZIP	HENDERSONVILLE N.	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	VS	☑ Change ☐ Addition
2.2 NAME	GADD LILLIAN K	
2.3 STREET ADDRESS	P.O. BOX 1092	
2.4 CITY-ST-ZIP	HENDERSONVILE, NC. 28793	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Joan Mayer — Pres. — Date — 954-767-9381 Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JOAN K. MAYER

CR2E034 (12/95)