

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

FILED

Apr 25 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F96000000953 (7)

1. Corporation Name

KENSINGTON SECURITIES, INC.



Principal Place of Business 30141 AGOURA RD #215 AGOURA HILLS CA 91301	Mailing Address 30141 AGOURA RD #215 AGOURA HILLS CA 91301-4334
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2. Principal Place of Business 21 4110 N SCOTTSDALE RD Suite, Apt. #, etc. 22 355 City & State 23 SCOTTSDALE AZ Zip 24 85251 Country 25 USA		2a. Mailing Address 26 4110 N SCOTTSDALE RD Suite, Apt. #, etc. 27 355 City & State 28 SCOTTSDALE AZ Zip 29 85251 Country 30 USA		3. Date Incorporated or Qualified 02/26/1996	3a. Date of Last Report
				4. FEI Number 75-2291787	Applied For Not Applicable
				5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent CORPAMERICA, INC. 1525 S ANDREWS AVE #216 FT LAUDERDALE FL 33316		81 Name	10. Name and Address of New Registered Agent	
		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

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

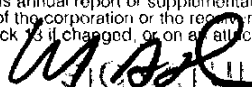
(NOTE - Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DCP	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, HOWARD	1.2 NAME	
STREET ADDRESS	30141 AGOURA RD #215	1.3 STREET ADDRESS	4110 N SCOTTSDALE RD #355
CITY-ST-ZIP	AGOURA HILLS CA 91301	1.4 CITY-ST-ZIP	SCOTTSDALE, AZ 85251
TITLE	DS	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EDEN, LIVIA	2.2 NAME	
STREET ADDRESS	30141 AGOURA RD #215	2.3 STREET ADDRESS	4110 N SCOTTSDALE RD #355
CITY-ST-ZIP	AGOURA HILLS CA 91301	2.4 CITY-ST-ZIP	SCOTTSDALE AZ 85251
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDRAE, KLAUS	3.2 NAME	
STREET ADDRESS	30141 AGOURA RD #215	3.3 STREET ADDRESS	
CITY-ST-ZIP	AGOURA HILLS CA 91301	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZELLER, WILLIAM	4.2 NAME	
STREET ADDRESS	30141 AGOURA RD #215	4.3 STREET ADDRESS	
CITY-ST-ZIP	AGOURA HILLS CA 91301	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	ASST Secy
STREET ADDRESS		5.3 STREET ADDRESS	CHERYL PHILLIPS
CITY-ST-ZIP		5.4 CITY-ST-ZIP	4110 N SCOTTSDALE RD #355
TITLE		6.1 TITLE	SCOTTSDALE AZ 85251
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 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 registered agent 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:

 CHERYL PHILLIPS, SECRETARY

4-15-97

CR2E034 (9/96)