FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 20 AM 10:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **J12693** **(4)**

1. Corporation Name
KAMARIN II, INC.

Principal Place of Business	Mailing Address
3401 S. OCEAN BLVD. STE. #6 HIGHLAND BEACH FL 33487	3401 S. OCEAN BLVD. STE. #6 HIGHLAND BEACH FL 33487

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/01/1986	3a. Date of Last Report: 05/13/1994

2. Principal Place of Business	2a. Mailing Address	4. FEI Number: 11-2864067	☐ Applied For ☐ Not Applicable
21	26 535 B BROADWAY MALL		
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
22	27		
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
23	28 HICKSVILLE NY.		
Zip / Country	Zip / Country	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	
24 / 25	29 11801 / 30 USA		

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
TRIPLE F PROPERTIES, INC 3401 S. OCEAN BLVD. APT. #6 HIGHLAND BEACH FL 33487	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	D	1.1 TITLE		☐ Change ☐ Addition
NAME	MARINO, KATHLEEN	1.2 NAME		
STREET ADDRESS	525-B MID-ISLAND PLAZA	1.3 STREET ADDRESS		
CITY-ST-ZIP	HICKSVILLE NY	1.4 CITY-ST-ZIP		
TITLE	P	2.1 TITLE		☐ Change ☐ Addition
NAME	FRANK, KENNETH F	2.2 NAME		
STREET ADDRESS	525-B MID-ISLAND PLAZA	2.3 STREET ADDRESS	535B BROADWAY MALL	
CITY-ST-ZIP	HICKSVILLE NY	2.4 CITY-ST-ZIP	HICKSVILLE NY. 11801	
TITLE	ST	3.1 TITLE		☐ Change ☐ Addition
NAME	FRANK, FRANKLIN L	3.2 NAME		
STREET ADDRESS	525-B MID ISLD PLZ	3.3 STREET ADDRESS	535 B BROADWAY MALL	
CITY-ST-ZIP	HICKSVILLE NY	3.4 CITY-ST-ZIP	HICKSVILLE, NY. 11801	
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ 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)(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: _____ 4/11/95 516-935-8200
SIGNATURE AND TYPED OR PRINTED NAME OF DIONING OFFICER OR DIRECTOR (Date) (Daytime Phone #)

0878401 CP