

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

0221619

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 23, 1999 8:00 am  
Secretary of State

04-23-1999 90019 045 \*\*\*150.00

DOCUMENT # K39139

1. Corporation Name  
KAYLYNNE PROPERTIES INC.



Principal Place of Business  
419 KEY EXECUTIVE BLDG  
104 CRANDON BLVD  
KEY BISCAWAYNE FL 33149

Mailing Address  
419 KEY EXECUTIVE BLDG  
104 CRANDON BLVD  
KEY BISCAWAYNE FL 33149

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

10/17/1988

4. FEI Number

65-0082950

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 owes the current year Intangible  
Personal Property Tax.

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~GALAN, MARIA, J  
419 KEY EXECUTIVE BLDG  
104 CRANDON BLVD  
KEY BISCAWAYNE FL 33149~~

81

Name

Myrna Soto

82

Street Address (P.O. Box Number is Not Acceptable)

419 Key Executive Building

83

104 Crandon Blvd.

84

City

Key Biscayne

FL

85

Zip Code

33149

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.

*Myrna Soto*

(NOTE: Registered Agent signature required when reinstating)

DATE

4-19-99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME DONAGHY, JAMES W.  
STREET ADDRESS 7 RIDGEWOOD DRIVE  
CITY-ST-ZIP BRIDGEWATER CT 06752

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE VD  
NAME HEALY, TIMOTHY F.  
STREET ADDRESS 171 ACCABONAC RD  
CITY-ST-ZIP EAST-HAMPTON NY

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE VSD  
NAME LEISCHNER, STEVEN  
STREET ADDRESS 1979 DOGWOOD DR  
CITY-ST-ZIP WESTFIELD NJ

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

Scotch Plains, NJ 07076

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
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, with all other like empowered.

SIGNATURE:

*Steven Leischner* Steven Leischner

4/16/99

(305) 361-8864

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)