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 26 AM 7:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P92000006506 (9)

1. Corporation Name
KENDAL APARTMENTS CONSOLIDATED, INC.

Principal Place of Business	Mailing Address
~~8400 N UNIVERSITY DR~~ ~~TAMARAC FL 33321~~	~~8400 N UNIVERSITY DR~~ ~~TAMARAC FL 33321~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/19/1992
3a. Date of Last Report: 04/22/1994

2. Principal Place of Business	2a. Mailing Address
21 1489 W. Palmetto Park Rd	26 1489 W. Palmetto Park Rd
Suite, Apt. #, etc. 22 Suite 485	Suite, Apt. #, etc. 27 Suite 485
City & State 23 Boca Raton, FL	City & State 28 Boca Raton, FL
Zip 24 33486 Country 25 USA	Zip 29 33486 Country 30 USA

4. FEI Number: 65-0369328 ☐ 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

7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

CANTOR, SAMUEL J
~~8400 N UNIVERSITY DR~~
~~TAMARAC FL 33321~~

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 1489 W. Palmetto Park Road
83 Suite 485
84 City: Boca Raton FL 85 Zip Code: 33486

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	11 TITLE		☐ Change ☐ Addition
NAME	BISTRICER, SIMONE	12 NAME		
STREET ADDRESS	~~8400 N UNIVERSITY DR~~	13 STREET ADDRESS	1489 W. Palmetto Park Road, Suite 485	
CITY-ST-ZIP	~~TAMARAC FL 33321~~	14 CITY-ST-ZIP	Boca Raton, FL 33486	
TITLE	D	21 TITLE		☐ Change ☐ Addition
NAME	BISTRICER GANS, SUZANNE	22 NAME		
STREET ADDRESS	~~8400 N UNIVERSITY DR~~	23 STREET ADDRESS	1489 W. Palmetto Park Road, Suite 485	
CITY-ST-ZIP	TAMARAC FL 33321	24 CITY-ST-ZIP	Boca Raton, FL 33486	
TITLE	PD	31 TITLE		☐ Change ☐ Addition
NAME	BISTRICER, BETTY	32 NAME		
STREET ADDRESS	~~8400 N UNIVERSITY DR~~	33 STREET ADDRESS	1489 W. Palmetto Park Road, Suite 485	
CITY-ST-ZIP	~~TAMARAC FL 33321~~	34 CITY-ST-ZIP	Boca Raton, FL 33486	
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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: [signature] BETTY BISTRICER 4-14-95 (407) 361-9839
SIGNATURE AND TYPED OR PRINTED NAME OF RUNNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0029100 CP