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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **P92000006506 (9)**

1. Corporation Name
KENDAL APARTMENTS CONSOLIDATED, INC.

Principal Place of Business	Mailing Address
1489 W. PALMETTO PARK RD. SUITE 485 BOCA RATON FL 33486 US	1489 W. PALMETTO PARK RD. SUITE 485 BOCA RATON FL 33486-3327 US

3. Date Incorporated or Qualified: 11/19/1992
3a. Date of Last Report: 04/17/1996

2. Principal Place of Business
21 6550 North Federal Highway (Suite, Apt. #, etc.)
22 Suite 340 (City & State)
23 Fort Lauderdale, FL (Zip)
24 33308 (Country) 25 Broward

2a. Mailing Address
26 6550 North Federal Highway (Suite, Apt. #, etc.)
27 Suite 340 (City & State)
28 Fort Lauderdale, FL (Zip)
29 33308 (Country) 30 Broward

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

8. 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
1489 W. PALMETTO PARK ROAD
SUITE 485
BOCA RATON FL 33486

10. Name and Address of New Registered Agent
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ☐ DELETE	1.1 TITLE	☒ Change ☐ Addition
NAME	BISTRICER, SIMONE	1.2 NAME	
STREET ADDRESS	1489 W. PALMETTO PARK ROAD, SUITE 485	1.3 STREET ADDRESS	6550 North Federal Highway, Suite 340
CITY-ST-ZIP	BOCA RATON FL	1.4 CITY-ST-ZIP	Fort Lauderdale, FL 33308
TITLE	D ☐ DELETE	2.1 TITLE	☒ Change ☐ Addition
NAME	BISTRICER GANS, SUZANNE	2.2 NAME	
STREET ADDRESS	1489 W. PALMETTO PARK ROAD, SUITE 485	2.3 STREET ADDRESS	6550 North Federal Highway, Suite 340
CITY-ST-ZIP	BOCA RATON FL	2.4 CITY-ST-ZIP	Fort Lauderdale, FL 33308
TITLE	PD ☐ DELETE	3.1 TITLE	☒ Change ☐ Addition
NAME	BISTRICER, BETTY	3.2 NAME	
STREET ADDRESS	1489 W. PALMETTO PARK ROAD, SUITE 485	3.3 STREET ADDRESS	6550 North Federal Highway, Suite 340
CITY-ST-ZIP	BOCA RATON FL	3.4 CITY-ST-ZIP	Fort Lauderdale, FL 33308
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (9/96)

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 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: B Bistricer 3/20/97 PL.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0337386