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

**CORPORATION ANNUAL REPORT** 

**19**98

CITY-ST-ZIP

Block 12 or Block 13 if changed, or or



FLORIDA DEPARTMENT OF STATE

**FILED** 

Apr 29 1998 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9200006506 (9)

KENDAL APARTMENTS CONSOLIDATED, INC.

Principal Place of Business Mailing Address 6550 NORTH FEDERAL HWY. 6550 NORTH FEDERAL HWY. STF 340 DO NOT WRITE IN THIS SPACE FT. LAUDERDALE FL 33308 FT. LAUDERDALE FL 33308 3. Date Incorporated or Qualified 11/19/1992 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 65-0369328 Not Applicable Suite, Apt. #, etc. \$8.75 Additional Sulte, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees Country Country Zin Zip B. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes 24 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name CANTOR, SAMUEL J 1489 W. PALMETTO PARK ROAD Street Address (P.O. Box Number is Not Acceptable) **SUITE 485** 83 **BOCA RATON FL 33486** 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) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. DELETE Change Addition 1.1 TITLE TITLE BISTRICER, SIMONE 1.2 NAME NAME 6550 NORTH FEDERAL HWY., STE. 340 1.3 STREET ADDRESS STREET ADDRESS FT. LAUDERDALE FL 1.4 CHTY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 2.1 TITLE TITLE **BISTRICER GANS, SUZANNE** 2.2 NAME NAME 6550 NORTH FEDERAL HWY., STE. 340 STREET ADDRESS 2.3 STREET ADDRESS FT. LAUDERDALE FL 2. 4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition PD TITLE 3.1 TITLE BISTRICER, BETTY NAME 3.2 NAME 6550 NORTH FEDERAL HWY., STE. 340 3.3 STREET ADDRESS STREET ADDRESS FT. LAUDERDALE FL 3.4. CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition 4.1 TITLE TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change ■ Addition 5.1 TITLE TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS City-St-ZiP 5.4 CITY-ST-ZIP DELETE Change Addition 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

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 supplied entity a pital 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 tile received on this report as required by Chapter 607, Florida Statutes; and that my name appears in

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al report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an a trustee oppowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in with an address.

4/14/08