

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Matheson
Secretary of State
Division of Corporations

APPROVED
JAN 10 1996

STATE OF FLORIDA
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000007680 (0)**

To: Corporation Name

KENDALL MARCELLE DESIGN ASSOCIATES, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business
**300 NE 3 AVE
STE. 300
FT LAUDERDALE FL 33301
US**

Mailing Address
**300 NE 3 AVE
STE. 300
FT LAUDERDALE FL 33301
US**

3. Date Incorporated or Qualified **01/25/1993** 3a. Date of Last Report **06/17/1994**

4. FEI Number **65-0393987** 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 adopted the antitakeover law effective 10/1/93 Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business
21 State: Apt. # etc. **26** Suite, Apt. #, etc.
22 City & State **27** City & State
23 City & State **28** City & State
24 City & State **25** City & State **29** City & State **30** City & State

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KENDALL, MARLENE
300 N.E. 3RD AVENUE, SUITE 300
SUITE 101
FT. LAUDERDALE FL 33301**

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 607.0503, Florida Statutes.

SIGNATURE

[Signature]

4/29/95

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. NAME **PST MARCELLE, KENDALL**
2. STREET ADDRESS **300 N.E. 3RD AVENUE, SUITE 300**
3. CITY, ST. ZIP **FT LAUDERDALE FL**

4. NAME
5. STREET ADDRESS
6. CITY, ST. ZIP

7. NAME
8. STREET ADDRESS
9. CITY, ST. ZIP

10. NAME
11. STREET ADDRESS
12. CITY, ST. ZIP

13. NAME
14. STREET ADDRESS
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25. NAME
26. STREET ADDRESS
27. CITY, ST. ZIP

28. NAME
29. STREET ADDRESS
30. CITY, ST. ZIP

1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY, ST. ZIP

5. TITLE
6. NAME
7. STREET ADDRESS
8. CITY, ST. ZIP

9. TITLE
10. NAME
11. STREET ADDRESS
12. CITY, ST. ZIP

13. TITLE
14. NAME
15. STREET ADDRESS
16. CITY, ST. ZIP

17. TITLE
18. NAME
19. STREET ADDRESS
20. CITY, ST. ZIP

21. TITLE
22. NAME
23. STREET ADDRESS
24. CITY, ST. ZIP

25. TITLE
26. NAME
27. STREET ADDRESS
28. CITY, ST. ZIP

29. TITLE
30. NAME
31. STREET ADDRESS
32. CITY, ST. ZIP

14. I, the undersigned, certify that the information appearing on this filing is voluntarily furnished and that, not guilty for this certification stated in Section 191.01(2)(b), Florida Statutes. I further certify that the information contained 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 192, Florida Statutes, and that my name appears in Block 12 or Block 13. I am changing or adding this block with an addition.

SIGNATURE:

[Signature]
SIGNATURE AND TYPE OR PRINTED NAME OF DIRECTOR OR DIRECTOR

4/29/95

305-462-5511