

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P93000009912 (5)**

1. Corporation Name

KENDALL ROYALE, INC.



Principal Place of Business

**4101 PINE TREE DRIVE
#1127
MIAMI BEACH FL 33140**

Mailing Address

**4101 PINE TREE DRIVE
#1127
MIAMI BEACH FL 33140**

2. Principal Place of Business

2a. Mailing Address

21

26

State, Apt. #, etc.

State, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

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9. Name and Address of Current Registered Agent

**FISHBEIN, HARRY
4101 PINE TREE DRIVE
#1127
MIAMI FL 33140**

3. Date Incorporated or Qualified

02/09/1993

3a. Date of Last Report

03/17/1995

4. FEI Number

65-0388956

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

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 607.002 and 607.1504, 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 607.002 Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

**PSD
FISHBEIN, HARRY
4101 PINE TREE DRIVE #1127
MIAMI BEACH FL 33140**

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14. I, the undersigned, certify that the information furnished with this report is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplementary 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 registered or licensed employee to execute this report as required by Chapter 607, Florida Statutes, and that my name appears on back 12 or back 13 of this report or on an attachment to this report.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature] **1/15/96**

DATE OF FILING

CR2E034 (12/95)