FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS P93000034120 (4) **DOCUMENT #** KENSINGTON WESTON, INC. Principal Place of Business Mailing Address 6785 WHEATON LANE 6785 WHEATON LANE LAKE WORTH FL 33467 LAKE WORTH FL 33467 3a. Date of Last Report 08/10/1995 2. Principal Place of Business 2a. Mailing Address 21 Applied For 26 Suite, Apt. #, etc. Not Applicable Suite, Apt. #, etc. \$8.75 Additional 22 5. Certificate of Status Desired 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Ζφ Country Zip Country 8. This corporation has liability for intangible tax under s 199.032, 24 25 29 30 Florida Statutes ☐ Yes ☐ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 PARKER, JONATHAN H 250 CATALONIA AVE 82 Street Address (P.O. Box Number is Not Acceptable) SUITE 706 83 **CORAL GABLES FL 33134** 84 City 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 familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if and icable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS CR2E034 (12/95) 13 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE 1. 1 TITLE FINKEL, JEROME L Change ☐ Addition NAME 12 NAME 6785 WHEATON LANE STREET ADDRESS LAKE WORTH FL 33467 1.3 STREET ADDRESS CITY-ST-ZIP 1.4 CITY - ST-ZIP TITLE DELFTE 2 1 TITLE ☐ Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 24 CITY-ST-7IP TITLE DELETE 3. 1 7:TLF Addition Change NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - ZIP 3.4 CITY-ST-ZIP 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 THLE DELETE 5 1 TITLE Cnange Addition NAME 5.2 NAME STREET ADDRESS 100001810601 5.3 STREET ADDRESS -05/07/96--01023--037 CITY-ST-ZIP 5.4 CITY-ST-7IP TITLE DELETE ***200.00 6 1 HILE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 64 CITY-ST-ZIP 14. I do hereby certify that the information inc oluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes, I further rmation supplied The receiver or frustree empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name cated on this ar oath; that I am an office appears in Block 12 o ector of the co

OFFICER OR DIRECTOR

SIGNATURE: