

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
JENNIFER M. MATHIAS
Secretary of State

APPROVED
AND
FILED

20 MAY -1 AM 11:56

DOCUMENT # P93000046433 (7)

KENCO COMMUNITIES I, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1000 CLINT MOORE ROAD
SUITE 110
BOCA RATON FL 33487

1000 CLINT MOORE ROAD
SUITE 110
BOCA RATON FL 33487

DATE OF AGENT'S RESIGNATION

2. Date of Incorporation		3. Date of Incorporation (Foreign)		3a. Date of Last Report	
06/30/1993		06/30/1993		07/22/1994	
4. FFL Number		5. Certificate of Status Forward		6. Election Campaign Financing	
65-0424969		☒ \$8.75 Additional Fee Required		☐ \$5.00 May Be Added to Fees	
7. This corporation has liability for intangible tax under 215, Florida Statutes		☐ Yes ☒ No		☐ Yes ☒ No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FINKELSTEIN, RICHARD
1000 CLINT MOORE ROAD, SUITE 110
BOCA RATON FL 33487

81. Name	85. State
82. Street Address (If C.O.B. is Member or Not Applicable)	
83.	
84.	FL

11. I, the undersigned, being a duly qualified and licensed agent under Florida Statutes, do hereby certify that the foregoing is a true and correct statement of the facts as they appear in the records of the Department of State, and I am not aware of any facts which would render the foregoing statement false or misleading.

SIGNATURE

12. OFFICERS AND DIRECTORS	13. ADDITIONAL OFFICERS, DIRECTORS AND AGENTS
NAME: PD ENDELSON, KENNETH M ADDRESS: 1000 CLINT MOORE ROAD, SUITE 110 CITY: BOCA RATON FL STATE: VPTS NAME: FINKELSTEIN, RICHARD ADDRESS: 1000 CLINT MOORE ROAD, SUITE 110 CITY: BOCA RATON FL STATE: VPD NAME: MARKS, EVAN ADDRESS: 520 MADISON AVE., 33RD FLOOR CITY: NEW YORK NY STATE: VPAS NAME: WEINER, ROSS S ADDRESS: 520 MADISON AVE, 33RD FLOOR CITY: NEW YORK NY STATE:	NAME: _____ ADDRESS: _____ CITY: _____ STATE: _____ NAME: _____ ADDRESS: _____ CITY: _____ STATE: _____ NAME: _____ ADDRESS: _____ CITY: _____ STATE: _____ NAME: _____ ADDRESS: _____ CITY: _____ STATE: _____ NAME: _____ ADDRESS: _____ CITY: _____ STATE: _____ NAME: _____ ADDRESS: _____ CITY: _____ STATE: _____ NAME: _____ ADDRESS: _____ CITY: _____ STATE: _____ NAME: _____ ADDRESS: _____ CITY: _____ STATE: _____

14. I, the undersigned, being a duly qualified and licensed agent under Florida Statutes, do hereby certify that the foregoing is a true and correct statement of the facts as they appear in the records of the Department of State, and I am not aware of any facts which would render the foregoing statement false or misleading.

SIGNATURE:

[Signature]

Richard Finkelstein

4/24/95

461-997-5760

SIGNATURE AND TITLE OF OFFICIAL OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR