FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P93000057517 (3)**

1. Corporation Name

KALE PROPERTIES, INC.

Principal Place of Business	Mailing Address
4545 N OCEAN BLVD #16-D BOCA RATON FL 33431	4545 N OCEAN BLVD #16-D BOCA RATON FL 33431

3. Date Incorporated or Qualified: **08/12/1993**
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip
24
Country
25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip
29
Country
30

4. FEI Number: **65-0439645** ☐ 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

9. Name and Address of Current Registered Agent

FINKEL, EMANUEL M
4545 N. OCEAN BLVD.
BOCA RATON FL 33431

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 607.0502 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	ST	☒ DELETE	1.1 TITLE	PRESIDENT & SECRETARY	☒ Change ☐ Addition
NAME	FINKEL, EMANUEL M		1.2 NAME	FINKEL, EMANUEL M. (DIRECTOR)	
STREET ADDRESS	4545 N. OCEAN BLVD.		1.3 STREET ADDRESS	4545 N. OCEAN BLVD.	
CITY-ST-ZIP	BOCA RATON FL 33431		1.4 CITY-ST-ZIP	BOCA RATON, FL 33431	
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	BARRIE, NANCY S		2.2 NAME		
STREET ADDRESS	6 WESTGATE RD.		2.3 STREET ADDRESS		
CITY-ST-ZIP	LIVINGSTON NJ 07039		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	EPSTEIN, JOYCE F		3.2 NAME		
STREET ADDRESS	R.D. 2 BOX 634		3.3 STREET ADDRESS		
CITY-ST-ZIP	ANDOVER NJ 07821		3.4 CITY-ST-ZIP		
TITLE	P	☒ DELETE	4.1 TITLE	VICE PRESIDENT & TREASURER	☒ Change ☐ Addition
NAME	FINKEL, MARTIN D		4.2 NAME	FINKEL, MARTIN D., DIRECTOR	
STREET ADDRESS	1622 SUNNYBROOK LANE		4.3 STREET ADDRESS	1622 SUNNYBROOK LANE	
CITY-ST-ZIP	CLEARWATER FL		4.4 CITY-ST-ZIP	CLEARWATER, FL	
TITLE	ST	☒ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	FINKEL, EMANUEL		5.2 NAME		
STREET ADDRESS	4545 N. OCEAN BLVD.		5.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL 33431		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)