

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P93000069624 (3)**

1. Corporation Name

**PASADENA AT KENSINGTON, INC.**



Principal Place of Business

1000 N HIATUS RD  
PEMBROKE PINES FL 33026

Mailing Address

1000 N HIATUS RD  
PEMBROKE PINES FL 33026

2. Principal Place of Business

2a. Mailing Address

21	26
22	27
23	28
24	29
25	30

9. Name and Address of Current Registered Agent

**BERGER, DAVID J**  
201 S. BISCAYNE BLVD.  
STE 3000  
MIAMI FL 33131

81	Name
82	Street Address (P.O. Box Numbers Not Acceptable)
83	City
84	Zip Code

**1221 Brickell Ave.**  
**Suite 2600**  
**Miami Beach FL 33131**

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

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	MILLER, LEONARD	
STREET ADDRESS	1000 N HIATUS RD	
CITY-STATE-ZIP	PEMBROKE PINES FL 33026	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BERGER, ADOLPH J	
STREET ADDRESS	1000 N HIATUS RD	
CITY-STATE-ZIP	PEMBROKE PINES FL 33026	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MILLER, ROBERT B	
STREET ADDRESS	1000 N HIATUS RD	
CITY-STATE-ZIP	PEMBROKE PINES FL 33026	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BERGER, HELENE	
STREET ADDRESS	1000 N HIATUS RD	
CITY-STATE-ZIP	PEMBROKE PINES FL 33026	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1	TITLE	
2	NAME	
3	STREET ADDRESS	
4	CITY-STATE-ZIP	
5	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6	NAME	
7	STREET ADDRESS	
8	CITY-STATE-ZIP	
9	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10	NAME	
11	STREET ADDRESS	
12	CITY-STATE-ZIP	
13	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14	NAME	
15	STREET ADDRESS	
16	CITY-STATE-ZIP	
17	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18	NAME	
19	STREET ADDRESS	
20	CITY-STATE-ZIP	

SIGNATURE: *(Signature)*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**ADOLPH J. BERGER**

VICE PRES

*(Signature)* 3/21/96

CR2E034 (12/95)