SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000024227 (7) 1. Corporation Name

FENWICK REALTY II, INC.

FILED Sep 18 1997 8:00am Secretary of State



Principal Place of Business Mailing Address					A	BIEIP (1618)	·+·: : * * * * * * * * * * * * * * * * * *
C/O J. WATSON BEACH, INC. C/O J. WATSON BEACH, INC.							
7 N. MAIN ST WEST HARTE	rreet Ord Ct 06107	7 N. MAIN STREET WEST HARTFORD CT	06107		DO NOT WRITE	IN THIS SDACE	
ALDI MANIF	ONE OF COLOR	WEST MARTEURD OF	VOIV/		3. Date Incorporated or Qualified	3a, Date of Last	Beport
					03/21/1995	09/04/1990	3
— '	Place of Business	2a. Mailing Address			4. FEI Number		pplied For
21		26			65-0586098		lot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		Additional Required
City & Stat	te	City & State			6. Election Campaign Financing	\$5.0	May Be
23		28			Trust Fund Contribution		to Fees
Zip	Country	Zip	├ ──	intry	8. This corporation owes or has pai		
24	25 9. Name and Address of Currer	129	30	····	Personal Property Tax due June 10. Name and Address of New Reg		No
LIA		ur uaðistatan viðatir		81 Name	10. Name and Address of New Mag	nstered Agent	
	MBY, LOUIS L III			Name			
321 ROYAL POINCIANA PLAZA				82 Street Ad	ldress (P.O. Box Number is Not Acceptab	e)	
PALM BEACH FL 33480				02			
				83			
				84 City		FL 85 Zip	Code
office or r	to the provisions of Sections 607.050 registered agent, or both, in the State am familiar with, and accept the oblig	of Florida. Such change w	as authorize	d by the corpor	orporation submits this statement for the pration's board of directors. I hereby accep	rpose of changing the appointment a	its registered s registered
SIGNATURE	•	,					
	Signature, typed or printed name of registered ag-			d Agent signature rec	guired when reinstaling)	DATE	
12.	OFFICERS AN	ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC		
TITLE	MALCON TOWN ON	L DELETE	المعامة	ILF	Market a Company	☐ Change	Acdition
NAME	WILSON, JOHN C III		1.2 N/	AME	Mark Mark Control of the Control of		
STREET ADDRESS	C/O 7 N. MAIN ST.		1.3 \$1	TREE1 ADDRESS	- 2 (100)		
CITY - ST - ZIP	WEST HARTFORD CT 06107		1.4 CI	TY-ST-ZIP			
TITLE	VP	DELETE	2.1 11	TLE		☐ Change	Addition
NAME	KAKI, A.		2.2 N/	AME			
STREET ADDRESS	C/O 7 N. MAIN ST.		2.3 \$1	IREET ADDRESS			
CITY-ST-ZIP	WEST HARTFORD CT 06107		2. 4 C	ITY-ST-ZiP			
TITLE		☐ DELETE	3.1 TI	TLE		Change	Addition
NAME	Į.		3.2 N/	AME			
STREET ADDRESS			3.3 \$1	TREET ADORESS			
CITY-ST-ZIP			3.4. C	ITY-ST-ZIP			
TITLE		☐ DELETE	4.1 TJ			Change	Addition
NAME		*	, 4.2 N	AME]			
STREET ADDRESS	l		43 ST	REE1 ADDRESS			
CITY-ST-ZIP			1	TY-ST-ZIP			
TITLE		DELETE	5.1 TI			☐ Change	Ad tition
NAME			5.2 N/			·	
STREET ADDRESS				REET ADDRESS			
CITY-ST-ZIP				TY-ST-ZIP			
TITLE		DELETE	6.1 7(Change	Addition
NAME :	1		6.2 N/	 			
STREET ADDRESS				REFT ADDRESS			
CITY-ST-ZIP	I		■ 64 Cł	TY-ST-ZIP			

14. I do hereby certify that the information supplied with this filing 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 AVID He circumstance 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.

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A WILLIAM A

AGENT FOR

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