



FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00 9711

FILED
Apr 10 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P95000026074 (1) 1. Corporation Name KINNEY OF HOLLYWOOD BEACH, INC.			
Principal Place of Business 60 MADISON AVE NEW YORK NY 10010		Mailing Address 60 MADISON AVE NEW YORK NY 10010-1800	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	
3. Date Incorporated or Qualified 04/03/1995		3a. Date of Last Report 02/22/1996	
4. FEI Number 13-3834373		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
9. Name and Address of Current Registered Agent THE PRENTICE HALL CORPORATION SYSTEM, INC. 1201 HAYS ST, 105 TALLAHASSEE FL 32301		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL	
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's signature required when reinstating) _____ DATE _____			
12. OFFICERS AND DIRECTORS			
TITLE	P	<input type="checkbox"/> DELETE	
NAME	SCHWARTZ, SAUL P		
STREET ADDRESS	60 MADISON AVE		
CITY- ST- ZIP	NEW YORK NY 10010		
TITLE	D	<input type="checkbox"/> DELETE	
NAME	KATZ, LEWIS		
STREET ADDRESS	60 MADISON AVE		
CITY- ST- ZIP	NEW YORK NY 10010		
TITLE	V	<input type="checkbox"/> DELETE	
NAME	SCARPATI, JOSEPH		
STREET ADDRESS	60 MADISON AVE		
CITY- ST- ZIP	NEW YORK NY 10010		
TITLE	VC	<input type="checkbox"/> DELETE	
NAME	MICHALOFSKY, MICHAEL		
STREET ADDRESS	60 MADISON AVE		
CITY- ST- ZIP	NEW YORK NY 10010		
TITLE	S	<input checked="" type="checkbox"/> DELETE	
NAME	SANTOS, JOSE		
STREET ADDRESS	60 MADISON AVE		
CITY- ST- ZIP	NEW YORK NY 10010		
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY- ST- ZIP			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY- ST- ZIP			
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY- ST- ZIP			
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY- ST- ZIP			
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY- ST- ZIP			
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
5.2 NAME	SECRETARY		
5.3 STREET ADDRESS	PHILIP MITTLEMAN		
5.4 CITY- ST- ZIP	60 MADISON AVE		
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY- 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 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:  Michael Michalefsky 4/ /97 212 889-4444 Ex 3086 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

CR2E034 (9/96)