

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 10010-1000

3. Date Incorporated or Qualified: 04/03/1995
3a. Date of Last Report: 02/22/1996

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FEI Number 13-3834373	Applied For	Not Applicable
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5.	Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
23	City & State	28	City & State	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Zip	29	Zip	30	Country	Country	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				10. Name and Address of New Registered Agent			
THE PRENTICE HALL CORPORATION SYSTEM, INC. 1201 HAYS ST, 105 TALLAHASSEE FL 32301				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's signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHWARTZ, SAUL P	1.2 NAME	
STREET ADDRESS	60 MADISON AVE	1.3 STREET ADDRESS	
CITY - ST - ZIP	NEW YORK NY 10010	1.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KATZ, LEWIS	2.2 NAME	
STREET ADDRESS	60 MADISON AVE	2.3 STREET ADDRESS	
CITY - ST - ZIP	NEW YORK NY 10010	2.4 CITY - ST - ZIP	
TITLE	V <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCARPATI, JOSEPH	3.2 NAME	
STREET ADDRESS	60 MADISON AVE	3.3 STREET ADDRESS	
CITY - ST - ZIP	NEW YORK NY 10010	3.4 CITY - ST - ZIP	
TITLE	VC <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MICHALOFSKY, MICHAEL	4.2 NAME	
STREET ADDRESS	60 MADISON AVE	4.3 STREET ADDRESS	
CITY - ST - ZIP	NEW YORK NY 10010	4.4 CITY - ST - ZIP	
TITLE	S <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANTOS, JOSE	5.2 NAME	SECRETARY
STREET ADDRESS	60 MADISON AVE	5.3 STREET ADDRESS	PHILIP MITTLEMAN
CITY - ST - ZIP	NEW YORK NY 10010	5.4 CITY - ST - ZIP	60 MADISON AVE
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	NEW YORK, NY 10010
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 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 Ext 3086

CR2E034 (9/96)