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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000026074 (1)

KINNEY OF HOLLYWOOD BEACH, INC.

Principal Place of Business Mailing Address **60 MADISON AVE** 60 MADISON AVE NEW YORK NY 10010 NEW YORK NY 10010 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/03/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 13-3834373 Not Applicable Suite, Apt. #, etc. Suite, Apt #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 ☐ Yes □ No 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent THE PRENTICE HALL CORPORATION SYSTEM, INC. 81 1201 HAYS ST, 105 82 Street Address (P.O. Box Number is Not Acceptable) TALLAHASSEE FL 32301 83 84 City Zip Code 85 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** Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) CR2E034 (10/97 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. DELETE Change Addition TITLE 1.1 MUE SCHWARTZ, SAUL P NAME 1.2 NAME **60 MADISON AVE** STREET ADDRESS 1.3 STREET ADDRESS **NEW YORK NY 10010** CITY-ST-ZIP 1.4 CHY-ST-ZIP DELETE TITLE 2.1 TITLE Change Addition KATZ, LEWIS 2.2 NAME **60 MADISON AVE** STREET ADDRESS 2.3 STREET ADDRESS **NEW YORK NY 10010** CITY-ST-ZIP 2. 4 CITY - ST- 7IP DELETE Change Addition TITLE 3.1 TITLE NAME SCARPATI, JOSEPH 3.2 NAME **60 MADISON AVE** STREET ANDRESS 3.3 STREET ADDRESS NEW YORK NY 10010 CITY-ST-ZIP 3 4. CITY - ST - ZIP DELETE Change Addition TITLE 41 TITLE MICHALOFSKY, MICHAEL NAME 4 2 NAME **60 MADISON AVE** STREET ADDRESS 4.3 STREET ADDRESS NEW YORK NY 10010 CITY-ST-ZIP 4.4 CHTY - ST - ZIP DELETE Change Addition TITLE 5.1 TITLE MITTLEMAN, PHILIP NAME 5.2 NAME **60 MADISON AVE** STREET ADDRESS 5.3 STREET ADDRESS NEW YORK NY CITY-ST-ZIP 5.4 CITY - \$1 - 7IP DELETÉ TITLE 6.1 TITLE ☐ Change ■ Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

SIGNATURE:

CITY-ST-ZIP

14. I 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 the attackment with an address. 113/98

FILED

Jan 28 1998 8:00am

Secretary of State