

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P95000073463 (8)**

1. Corporation Name

KENT KARLOCK REALTY & ASSOCIATES, INC.



Principal Place of Business

**1633 JEFFERSON AVENUE
MIAMI BEACH FL 33119**

Mailing Address

**P O BOX 190651
MIAMI FL 33119**

2. Principal Place of Business

2a. Mailing Address

21

State, Apt. #, etc.

26

State, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

9. Name and Address of Current Registered Agent

**KARLOCK, MADISON K
1633 JEFFERSON AVENUE
MIAMI BEACH FL 33119**

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 607.0902 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 607.0904, Florida Statutes.

SIGNATURE

Madison K Karlock

MADISON KARLOCK

1-19-96

12. OFFICERS AND DIRECTORS

1. NAME	PDS	☐ Change ☒ Addition
2. NAME	MADISON K KARLOCK	
3. STREET ADDRESS	305 Jefferson Ave.	
4. CITY, ST, ZIP	MIAMI BEACH FL 33139	
5. NAME		
6. STREET ADDRESS		
7. CITY, ST, ZIP		
8. NAME		
9. STREET ADDRESS		
10. CITY, ST, ZIP		
11. NAME		
12. STREET ADDRESS		
13. CITY, ST, ZIP		
14. NAME		
15. STREET ADDRESS		
16. CITY, ST, ZIP		
17. NAME		
18. STREET ADDRESS		
19. CITY, ST, ZIP		
20. NAME		
21. STREET ADDRESS		
22. CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. NAME	PDS	☐ Change ☒ Addition
2. NAME	MADISON K KARLOCK	
3. STREET ADDRESS	305 Jefferson Ave.	
4. CITY, ST, ZIP	Miami Beach FL 33139	
5. NAME		
6. STREET ADDRESS		
7. CITY, ST, ZIP		
8. NAME		
9. STREET ADDRESS		
10. CITY, ST, ZIP		
11. NAME		
12. STREET ADDRESS		
13. CITY, ST, ZIP		
14. NAME		
15. STREET ADDRESS		
16. CITY, ST, ZIP		
17. NAME		
18. STREET ADDRESS		
19. CITY, ST, ZIP		
20. NAME		
21. STREET ADDRESS		
22. CITY, ST, ZIP		

14. I declare, certify, that the information provided with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(a), Florida Statutes. I further certify that the information included on this annual report or supplementary annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. 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 on Block 12 or Block 13 if changed for an officer or director.

SIGNATURE: *Madison K Karlock* **MADISON K KARLOCK**

1-19-96 305 532-0260.

CR2E034 (12/95)