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PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

| DOCUMENT # | P95000076823 | (0) |
|------------|--------------|-----|
|------------|--------------|-----|

| 1. Corporation Name KNIGHT MANOR HOMES OF MIAMI, INC. | | | | | | | | |
|--|---|--|--|---------------------------------|---|--------------------------------------|---------------------|--|
| Principal Place of Business Mailing Address 4300 N. UNIVERSITY DRIVE 4300 N. UNIVERSITY DRIVE SUITE 4300 N. UNIVERSITY DRIVE | | | | | | F DOLFI DEAK IZDIQ A | | \$ 18000 1111 1001 |
| PORT LAUD | ERDALE FL 33351 | FORT LAUDERDALE | FL 33351 | | 3. Date Incorporated or Qualified 10/03/1995 | 3a. Date of | Last Re | eport |
| | ace of Business | 2a. Mailing Address | | | 4. FEI Number 0/0/09 | 1/2 | | Applied For |
| Suite, Apt. | th etc | Suite, Ap | 00. | | US 04701 | (0) | | Not Applicable |
| | • | 27 MEI | IOF NO. | TE: | 5. Certificate of Status Desired | □ ¥ | | Additional Required |
| City & State | EASE NOTE: | City & State | N SUIT | | 6. Election Campaign Financing | | | 0 May Be |
| | IEW SUITE | | 1-106 | | Trust Fund Contribution | | | d to Fees |
| Zip | A-106 Country | Zip | Country | • | 8. This corporation has liability for | | nder s | 199.032 |
| 24 | 9. Name and Address of Curr | 29 ent Registered Agent | 30 | | Florida Statutes Yes 10. Name and Address of New F | No | nt. | |
| | 3 | - I I I I I I I I I I I I I I I I I I I | 81 | Name | IV. Name and Address of New P | egisteren wae | 7116 | |
| LAWREI | NCE A. LEVINE, P.A. | | 92 | Charles Add | ID O. Boy N. mybrana N. b. b. | 1 | | |
| | UNIVERSITY DRIVE | | 82 | Street Add | PLEASE NOTE | (C) | | |
| SUITE 4 | | | 83 | | NEW SUITE | | | |
| FORT L | AUDERDALE FL 33351 | | 84 | City | A-106 | FL | 1 5 Zip | o Code |
| SIGNATURE _ | | errar underdisjon rable (N ND DIRECTORS | IOTE: Registered Ager | Miskyr attire recourse | d wher renstating ADDITIONS/CHANGES TO OFF | ICERS AND DIF | E CTO | RS IN 12 |
| TITLE | Laurence A Lewine. | | 1. 1 TUTLE | | 7 | | hange | Addition |
| NAME _ | | | 1.2 NAME | | | | | |
| STREET ADDRESS | 4300 N Universit | | 13 STREFT | ADDRESS | | | | |
| TITLE . | Pt Lood Fl - | J351 DELETE | 1.4 CiTy - S 2.1 Tible | 11 - 21F1 | | <u></u> | hongo. | The state of the s |
| NAME | William M. Murphy | | 2 1 MLF | | | □ c | nanye | Addition |
| STREET ADDRESS | 430L N University | Dr 2103 | 2.3 \$TREET | ADORESS | | | | |
| CITY - ST - ZIP | Fr Land FL | 3335 I | 24 CITY - S | | | | | |
| TITLE | Secretary | ☐ DELETE | 3 1 1mlf | : | | | nange | Addition |
| NAME | Howard A Lev | in and | 3.2 NAME | | | | | |
| STREET ADDRESS | 4300 N Universi | +20x 410c | 3.3 STREE | | | | | |
| CITY - ST - ZIP | Ft Loud FL | <u>3335 </u> | 3.4 CH v · S 4.1 THE | II - ZIP | | <u> </u> | hange | Add tion |
| NAME | | | 4.2 NAME | | | | | ☐ Mad tion |
| STREET ADDRESS | | | 4.3 STREET | ADDRESS | 4000018 -06/04/96 - 011 | ያል ያይፈት ነው። ይለት «በሰር | 4 | |
| CHTY - ST - ZIP | | | 4.4 CITY - S | | ***200.00 | 000° 1C | | |
| TITLE | | ☐ DELETE | 5 1 THTLE | | | c | hange | Addition |
| NAME | | | 5.2 NAME | | | | | |
| STREET ADDRESS | | | 5.3 STHEET | | | | | |
| CITY-ST-ZIP TITLE | F) program | | | IT ZIP | Chang | | | □ Add+oo |
| NAME | ☐ DELETE | | 6 1 THLE 62 NAME | | | بأر | គេៈប្វេខ | 11d-tion |
| STREET ADDRESS | | | 63 STHEFT | ADDRESS | | | | 1/1 |
| CHTY - ST - ZIP | | | 64 CITY - S | | | | | 1 12 |
| 14. I do hereb | y certify that the information supplie | with this filing is voluntarily fur | nished and doe | s not qualify f | or the exemption stated in Section 119. | 07(3)(k), Florida | Statuti | es. I further |
| oath; that appears in | Land information indicated on this and Lam an officer or director of the corp in Block 12 or Block 13 if changed of | ation the receiver or trust run an attachment with an add | riua: report is tru ée enipowered : dress: | ie and accura to execute thi | ate and that my signature shall have the is report as required by Chapter 607, Fl | same legal effe orida Statutes; a | or as if and tha | made under it my name |

SIGNATURE:

PPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR