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Jan 23 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 # P96000014888 (7)

1. Corporation Name
KENNER HOMES AT PINECREST, INC.



Principal Place of Business
13644 S.W. 92ND COURT
MIAMI FL 33176

Mailing Address
13644 S.W. 92ND COURT
MIAMI FL 33176-6858

3. Date Incorporated or Qualified 02/16/1996	3a. Date of Last Report
4. FEI Number 65-0642536	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" 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 type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. P.O. Box 162835
22. City & State	27. Suite, Apt. #, etc.
23. Zip	28. MIAMI FLO
24. Country	29. 33116-2835
25. Country	30. USA

9. Name and Address of Current Registered Agent
FILINGS, INC.
3732 N.W. 16TH STREET
FORT LAUDERDALE FL 33311

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

11. Pursuant to the provisions of Sections 607.0502 and 607.1408, 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 _____ DATE _____
Signature of Registered Agent (required when re-instating) _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	PRESIDENT
NAME	GOMBERG, KENNETH	1.2 NAME	
STREET ADDRESS	13644 S.W. 92ND COURT	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33176	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	VICE PRES/SECT. TREAS
NAME	GOMBERG, JEANNETTE	2.2 NAME	
STREET ADDRESS	10027 S.W. 125TH STREET	2.3 STREET ADDRESS	1 GROVE ISLE DR. APT. 605
CITY-ST-ZIP	MIAMI FL 33176	2.4 CITY-ST-ZIP	COCONUT GROVE FL 33133
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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 in charged, or on an attachment with an address.

SIGNATURE: Sandra B. Mortham V.P. 1-13-97 305-665-3222
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone)

CR2E034 (9/96)