FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 13 PM 2:57

DOCUMENT # **S86613** **(4)**

1. Corporation Name

KATHARINE KENDALL, INC.

Principal Place of Business	Mailing Address
2601 S BAYSHORE DR SUITE 1225 MIAMI FL 33133	2601 S BAYSHORE DR SUITE 1225 MIAMI FL 33133

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/10/1991
3a. Date of Last Report: 04/29/1994

2. Principal Place of Business	2a. Mailing Address
21 5100 Town Center Circle	26 5100 Town Center Circle
Suite, Apt. #, etc. 22 Suite 330	Suite, Apt. #, etc. 27 Suite 330
City & State 23 Boca Raton, Florida	City & State 28 Boca Raton, Florida
Zip / Country 24 33486 / 25 USA	Zip / Country 29 33486 / 30 USA

4. FEI Number: 65-0291937 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
E.H.G. RESIDENT AGENTS, INC. 2601 S BAYSHORE DR SUITE 1225 MIAMI FL 33133	81 Name 82 Street Address (P.O. Box Number is Not Acceptable): 5100 Town Center Circle 83 Suite 330 84 City: Boca Raton FL 85 Zip Code: 33486

11. Pursuant to the provisions of Section(s) 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: By: Edward H. Gilbert, President — 1/23/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PS	11 TITLE		☒ Change ☐ Addition
NAME	MURRAY, CHRIS K.	12 NAME	Deceased	
STREET ADDRESS	8847 SW 132 STR	13 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	14 CITY-ST-ZIP		
TITLE	V	21 TITLE	P/S	☒ Change ☐ Addition
NAME	MURRAY, M KATHARINE	22 NAME	Murray, M. Katharine	
STREET ADDRESS	8847 SW 132 STR	23 STREET ADDRESS	8847 SW 132nd Street	
CITY-ST-ZIP	MIAMI FL	24 CITY-ST-ZIP	Miami, Fl 33176	
TITLE		31 TITLE	V	☒ Change ☒ Addition
NAME		32 NAME	Murray, David P.	
STREET ADDRESS		33 STREET ADDRESS	8847 SW 132nd Street	
CITY ST ZIP		34 CITY-ST-ZIP	Miami, Fl 33176	
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY ST ZIP		44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY ST ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Katharine Murray — 4-7-95 — (305) 252-9994
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number
Katharine Murray

0134667 CP