FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

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 FEB 27 PM 3:13

DOCUMENT # 709622 (5)

1. Corporation Name
KEN-DADE CONDOMINIUM, INC.

Principal Place of Business	Mailing Address
THE SCOTT CO 13323 NW 11 DR SUNRISE FL 33323 US	THE SCOTT CO. 13323 NW 11 DR SUNRISE FL 33323 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/21/1965
3a. Date of Last Report: 03/01/1994
4. FEI Number: 59-1267941 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

2. Principal Place of Business — 21:
Suite, Apt. #, etc. — 22:
City & State — 23:
Zip — 24: Country — 25:

2a. Mailing Address — 26:
Suite, Apt. #, etc. — 27:
City & State — 28:
Zip — 29: Country — 30:

9. Name and Address of Current Registered Agent

BECKER, POLIAKOFF & STREITFELD, P.A.
6161 BLUE LAGOON DRIVE, #250
MIAMI FL 33126

10. Name and Address of New Registered Agent

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 607.0502 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	~~PD~~	11 TITLE	P ☑ Change ☐ Addition
NAME	~~HAMMOND, BETTY A~~	12 NAME	TURNER, GRACE D.
STREET ADDRESS	~~9175 SW 77 AVE, #101~~	13 STREET ADDRESS	9175 S.W. 77 AVE
CITY-ST-ZIP	~~MIAMI FL~~	14 CITY-ST-ZIP	MIAMI FL 33156
TITLE	~~VD~~	21 TITLE	VP ☐ Change ☐ Addition
NAME	~~MADDEN, POLLY~~	22 NAME	MADDEN, POLLY
STREET ADDRESS	~~9175 SW 77 AVE, #000~~	23 STREET ADDRESS	9175 SW 77 AVE
CITY-ST-ZIP	~~MIAMI FL~~	24 CITY-ST-ZIP	MIAMI FL 33156
TITLE	TD	31 TITLE	S/D ☑ Change ☐ Addition
NAME	TURNER, GRACE D	32 NAME	MOYER, GLORIA
STREET ADDRESS	9175 SW 77 AVE, #109	33 STREET ADDRESS	7965 SW 17 TERR
CITY-ST-ZIP	MIAMI FL	34 CITY-ST-ZIP	MIAMI, FL
TITLE	SD	41 TITLE	T/D ☑ Change ☐ Addition
NAME	MOYER, GLORIA	42 NAME	GARFUNKEL, BARBARA
STREET ADDRESS	7965 SW 17 TERR	43 STREET ADDRESS	9175 SW 77 AVE
CITY-ST-ZIP	MIAMI FL	44 CITY-ST-ZIP	MIAMI FL
TITLE	~~D~~	51 TITLE	D ☑ Change ☐ Addition
NAME	~~URZUA, GLADYS~~	52 NAME	COVIN, CECELIA
STREET ADDRESS	~~9175 SW 77 AVE, #210~~	53 STREET ADDRESS	9151 SW 77 AVE
CITY-ST-ZIP	~~MIAMI FL~~	54 CITY-ST-ZIP	MIAMI FL
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)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: X Grace D. Turner 2-14-95 948-0887
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
GRACE D. TURNER, PRESIDENT

0010418