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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # **F39665** (7)

1. Corporation Name  
**KENCHER, INC.**

Principal Place of Business Mailing Address

**25 PARK CIRCLE  
SHORT HILLS NJ 07078**      **25 PARK CIRCLE  
SHORT HILLS NJ 07078**

3. Date Incorporated or Qualified <b>06/04/1981</b>		3a. Date of Last Report <b>04/27/1994</b>	
2. Principal Place of Business 21 <b>49 WEST BEECHCROFT ROAD</b>		4. FEI Number <b>59-2101328</b>	
2a. Mailing Address 26 <b>49 WEST BEECHCROFT ROAD</b>		Applied For Not Applicable	
Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
22		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
23 City & State <b>SHORT HILLS NJ</b>		7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
24 Zip <b>07078</b>		Country <b>USA</b>	
25		29 Zip <b>07078</b>	
Country <b>USA</b>		30 Country <b>USA</b>	

9. Name and Address of Current Registered Agent

**BLAKE, GARY S., ESQ.  
508 LUCERNE AVENUE  
LAKE WORTH FL 33460**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reconstituting) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b>	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SCHWARTZ, KENNETH I</b>	1.2 NAME	
STREET ADDRESS	<b>25 PARK CIRCLE</b>	1.3 STREET ADDRESS	<b>49 WEST BEECHCROFT ROAD</b>
CITY - ST - ZIP	<b>SHORT HILLS NJ</b>	1.4 CITY - ST - ZIP	<b>SHORT HILLS NJ 07078</b>
TITLE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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 assignee authorized to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13, as changed or on an attachment with an affidavit.

SIGNATURE: *Kenneth Schwartz* **Kenneth Schwartz** 4-14-95 201-371-1995

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Month/Year)