


FILE NOW: FILING FEE IS \$61.25

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Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90205 040 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 730333

1. Corporation Name
KENDALL GATE - A CONDOMINIUM, INC.

Principal Place of Business 10850 N. KENDALL DRIVE MIAMI FL 33176	Mailing Address % THE FOSTER CO 12394 SW 82 AVE MIAMI FL 33156 US
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2. Principal Place of Business 21	2a. Mailing Address 26 <i>46 The Foster Co</i>	3. Date Incorporated or Qualified 07/31/1974
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 <i>PO Box 565820</i>	4. FEI Number 59-1555813
City & State 23	City & State 28 <i>MIAMI FL</i>	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25 <i>US</i>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent FOSTER J SCOTT, JR 12384 SW 82ND AVENUE MIAMI FL 33176	10. Name and Address of New Registered Agent 81 Name <i>Foster J. Scott, Jr.</i> 82 Street Address (P.O. Box Number is Not Acceptable) <i>12394 SW 82 AVE</i> 83 84 City <i>MIAMI</i> FL 85 Zip Code <i>33156</i>
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, 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 617.0503, Florida Statutes.

SIGNATURE *X* *Foster J Scott Jr* DATE *2/04/99*

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 NAME STREET ADDRESS CITY-ST-ZIP	<i>FB</i> PRATT, BARBARA 10854 N KENDALL DRIVE #120 MIAMI FL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<i>VPD</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>VPD</i> BROOKMAN, HARRIET 10854 N KENDALL DR #218 MIAMI FL	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<i>D</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>PD</i> KAHAN, HENRIETTA 10854 N KENDALL DR SUITE 203 MIAMI FL 33176	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>SD</i> RYDER, DORIS 10580 N KENDALL DR #207 MIAMI FL	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>D</i> ODIO, AUGIE 10850 N KENDALL DR SUITE 404 MIAMI FL 33176	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>D</i> D'OYEN, OCEANNA 10854 N KENDALL DR SUITE 115 MIAMI FL 33176	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<i>TD</i> <i>D'oyen Deanna</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

14. I 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *X* *HENRIETTA KAHAN QUINN* Date *2/4/99* Daytime Phone # *305 254-7224*

Signature and typed or printed name of signing officer or director

CR2E037 (11/98)