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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 # 750424

1. Corporation Name
KINGS CREEK SOUTH CONDOMINIUM, INC.

Principal Place of Business KINGS CREEK SOUTH CONDO ASSOC. INC 7735 SW 86TH ST MIAMI FL 33143 US	Mailing Address KINGS CREEK SOUTH CONDO ASSOC. INC 7735 SW 86TH ST MIAMI FL 33143 US
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 12/28/1979
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2084295
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	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

SKRLD, INC
201 ALHAMBRA CIRCLE SUITE 1102
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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, 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 617.0503, 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

TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	GOLD, DORIS	
STREET ADDRESS	7755 SW 86TH ST	
CITY-ST-ZIP	MIAMI FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	AMEZOLA, XAVIER	
STREET ADDRESS	12555 SW 69TH AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DIX, RICHARD	
STREET ADDRESS	7725 S.W. 86TH ST, A1-320	
CITY-ST-ZIP	MIAMI FL 33143	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MATHISEN, WILLIAM	
STREET ADDRESS	770 NE 69TH ST, APT 2-F	
CITY-ST-ZIP	MIAMI FL 33138	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BENNETT, OLGA	
STREET ADDRESS	7727 SW 86TH ST, A1-402	
CITY-ST-ZIP	MIAMI FL 33143	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CHOUINARD, KAY	
STREET ADDRESS	7705 SW 86 ST B-210	
CITY-ST-ZIP	MIAMI FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	ARONT, ISABELL	
1.3 STREET ADDRESS	7715 SW, 86th Street, Apt A2-203	
1.4 CITY-ST-ZIP	Miami, FL, 33143	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	Vice-president	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	DIX, RICHARD	
3.3 STREET ADDRESS	7725 SW, 86 Street, A1-320	
3.4 CITY-ST-ZIP	Miami, FL, 33143	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	UAYAR, JOHN	
5.3 STREET ADDRESS	7777 SW, 86 Street, FL-315	
5.4 CITY-ST-ZIP	Miami, FL, 33143	
6.1 TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Chouinard, Kay	
6.3 STREET ADDRESS	7705 SW, 86 Street, B-210	
6.4 CITY-ST-ZIP	Miami, FL 33143	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: SIGNATURE REQUIRED AMEZOLA 1/11/99 (305) 389-4443
 Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (11/98)