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Mar 11, 1999 8:00 am
Secretary of State

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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 # 760537

1. Corporation Name
KENDALL INDUSTRIAL CENTER CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business 14074 SW 142 AVE MIAMI FL 33186 US	Mailing Address P.O. BOX 83-1655 MIAMI FL 33283 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	3. Date Incorporated or Qualified 10/21/1981	4. FEI Number 59-2163390 Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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9. Name and Address of Current Registered Agent

**ROGEL, DAVID H. ESQUI
 BECKER & POLIAKOFF PA
 5201 BLUE LAGOON DRIVE, SUITE 100
 MIAMI FL 33126**

10. Name and Address of New Registered Agent

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

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	DEEMS, ALAN	
STREET ADDRESS	P.O. BOX 83-1655, N/A	
CITY-ST-ZIP	MIAMI FL 33283	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	GRASSBAUGH, JAMES	
STREET ADDRESS	P.O. BOX 83-1655, N/A	
CITY-ST-ZIP	MIAMI FL 33283	
TITLE	DST	<input type="checkbox"/> DELETE
NAME	HECKER, JAY	
STREET ADDRESS	P.O. BOX 83-1655, N/A	
CITY-ST-ZIP	MIAMI FL 33283	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GREER, CONNIE	
STREET ADDRESS	P.O. BOX 83-1655, N/A	
CITY-ST-ZIP	MIAMI FL 33283	
TITLE	<i>DAVID H. ESQUI</i>	<input type="checkbox"/> DELETE
NAME	<i>DAVID H. ESQUI</i>	
STREET ADDRESS	<i>P.O. BOX 83-1655</i>	
CITY-ST-ZIP	<i>MIAMI FL 33283</i>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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: *DAVID H. ESQUI* 3/9/99 305-251-1388
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)