

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1996.
AMOUNT DUE ON OR BEFORE 8/1/96: \$228 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$378)

PROFIT CORPORATION ANNUAL REPORT 1995



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

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

DOCUMENT # L67049 (1)

95 JUN -9 A.M 9: 38

1. Corporation Name
KENDALL EAST, INC.

Principal Place of Business Mailing Address
P.O. BOX 2600 KEY LARGO FL 33037 **P.O. BOX 2600 KEY LARGO FL 33037**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **04/19/1990** 3a. Date of Last Report **05/01/1994**

2. Principal Place of Business 2a. Mailing Address
 21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
 22 City & State 27 City & State
 23 Zip 28 Country 29 Zip 30 Country

4. FEI Number **59-3008190** 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
 8. This corporation has liability for intangibles tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
KENDALL, CARL
21 SEXTON COVE ROAD
KEY LARGO FL 33037

10. Name and Address of New Registered Agent
 B1 Name
 B2 Street Address (P.O. Box Number is Not Acceptable)
 B3
 B4 City **FL** B5 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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

Signature (typed or printed name of registered agent and 150 # applicable)

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS
 TITLE **P**
 NAME **KENDALL, CARL**
 STREET ADDRESS **21 SEXTON COVE RD.**
 CITY - ST - ZIP **KEY LARGO FL**
 TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP
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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
 11 TITLE Change Addition
 12 NAME
 13 STREET ADDRESS
 14 CITY - ST - ZIP
 21 TITLE Change Addition
 22 NAME
 23 STREET ADDRESS
 24 CITY - ST - ZIP
 31 TITLE Change Addition
 32 NAME
 33 STREET ADDRESS
 34 CITY - ST - ZIP
 41 TITLE Change Addition
 42 NAME
 43 STREET ADDRESS
 44 CITY - ST - ZIP
 51 TITLE Change Addition
 52 NAME
 53 STREET ADDRESS
 54 CITY - ST - ZIP
 61 TITLE Change Addition
 62 NAME
 63 STREET ADDRESS
 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Carl Kendall*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Expiring 1/1/96

CR2E034 (3/95)