

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
**1995**



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 MAR 31 PM 3:20

DOCUMENT # **N07432 (0)**

1. Corporation Name  
**KILLIAN PROFESSIONAL VILLAGE CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business <b>% MIAMI MANAGEMENT, INC. 14536 S.W. 119TH AVE. MIAMI FL 33186</b>	Mailing Address <b>% MIAMI MANAGEMENT, INC. 14536 S.W. 119TH AVE. MIAMI FL 33186</b>
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>02/04/1985</b>	3a. Date of Last Report <b>05/01/1994</b>
4. FEI Number <b>59-2553441</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$0.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	<b>\$68.75 Supplemental Fee Not Required</b>
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business <b>21 c/o MIAMI MANAGEMENT INC</b>	2a. Mailing Address <b>26 c/o MIAMI MANAGEMENT INC</b>
Suite, Apt. #, etc. <b>22 14275 SW 142 AVE</b>	Suite, Apt. #, etc. <b>27 14275 SW 142 AVE</b>
City & State <b>23 MIAMI FL</b>	City & State <b>28 MIAMI FL</b>
Zip <b>24 33186</b>	Country <b>25 US</b>
Zip <b>29 33186</b>	Country <b>30 US</b>

9. Name and Address of Current Registered Agent  
**KOBRIN, DAVID A.  
CAPITAL PLAZA II, SUITE 206  
6900 S.W. 107TH AVE.  
MIAMI FL 33176-1490**

10. Name and Address of New Registered Agent

<b>81</b> Name
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)
<b>83</b>
<b>84</b> City
<b>85</b> 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 reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE <b>PD</b>	<b>FREUND, IRWIN B.</b>
NAME	<b>10729 S.W. 104TH ST.</b>
STREET ADDRESS	<b>MIAMI FL</b>
CITY - ST - ZIP	
TITLE <b>TD</b>	<b>VAYO, RON</b>
NAME	<b>10705 S.W. 104TH STREET</b>
STREET ADDRESS	<b>MIAMI FL</b>
CITY - ST - ZIP	
TITLE <b>SD</b>	<b>KUBLIN, NORM</b>
NAME	<b>10735 S.W. 104TH STREET</b>
STREET ADDRESS	<b>MIAMI FL</b>
CITY - ST - ZIP	
TITLE <b>D</b>	<b>GREGG, BRADLEY</b>
NAME	<b>10713 SW 104 ST.</b>
STREET ADDRESS	<b>MIAMI FL</b>
CITY - ST - ZIP	
TITLE <b>VPD</b>	<b>SHOOKOFF, CASEY</b>
NAME	<b>10751 S.W. 104TH STREET</b>
STREET ADDRESS	<b>MIAMI FL</b>
CITY - ST - ZIP	
TITLE <b>D</b>	<b>NACCARATO, NAT</b>
NAME	<b>10717 SW 104 ST.</b>
STREET ADDRESS	<b>MIAMI FL</b>
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 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)(d), 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 an officer 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 my attachment with an address.

SIGNATURE: IRWIN FREUND PRESIDENT Date: 3/20/95