

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N07432 (0)

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



| | |
|--|--|
| Principal Place of Business | Mailing Address |
| % MIAMI MANAGEMENT, INC. 14275 SW 142 AVE MIAMI FL 33186 US | % MIAMI MANAGEMENT, INC. 14275 SW 142 AVE MIAMI FL 33186 US |

| | |
|--|--|
| 3. Date Incorporated or Qualified 02/04/1985 | 3a. Date of Last Report 03/31/1995 |
|--|--|

| | | | | |
|--------------------------------|---------------------|--|---|---|
| 2. Principal Place of Business | 2a. Mailing Address | 4. FEI Number 59-2553441 | Applied For <input type="checkbox"/> | Not Applicable <input type="checkbox"/> |
| 21 | 26 | | | |
| 22 | 27 | 5. Certificate of Status Desired | <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 23 | 28 | 6. Election Campaign Financing Trust Fund Contribution | <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 24 | 25 | 29 | 30 | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

9. Name and Address of Current Registered Agent

**KOBRIN, DAVID A.
CAPITAL PLAZA II, SUITE 206
8900 S.W. 107TH AVE.
MIAMI FL 33176-1490**

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 | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|--|--|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD FREUND, IRWIN B. 10729 S.W. 104TH ST. MIAMI FL <input type="checkbox"/> DELETE | 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP | D FREUND, IRWIN B 10729 SW 104 ST MIAMI FL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD VAYO, RON 10705 S.W. 104TH STREET MIAMI FL <input type="checkbox"/> DELETE | 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP | P/D VAYO, RON 10709 S W 104 ST MIAMI FL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD KUBLIN, NORM 10735 S.W. 104TH STREET MIAMI FL <input checked="" type="checkbox"/> DELETE | 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 | D GREGG, BRADLEY 10713 SW 104 ST. MIAMI FL <input type="checkbox"/> DELETE | 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP | T/D GREGG, GRADLEY 10713 SW 104 ST MIAMI FL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPD SHOOKOFF, CASEY 10751 S.W. 104TH STREET MIAMI FL <input type="checkbox"/> DELETE | 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 | D NACCARATO, NAT 10717 SW 104 ST. MIAMI FL <input checked="" type="checkbox"/> DELETE | 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP | S/D KATZ, DANNY 10701-10705 SW 104 ST MIAMI FL <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Ron Vayo* *2/5/96*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)