


**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Feb 06 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N07432 (0)**

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



Principal Place of Business % MIAMI MANAGEMENT, INC. 14275 SW 142 AVE MIAMI FL 33186 US	Mailing Address % MIAMI MANAGEMENT, INC. 14275 SW 142 AVE MIAMI FL 33186 US
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3. Date Incorporated or Qualified  
**02/04/1985**

4. FEI Number  
**59-2553441**

Applied For  
 Not Applicable

2. Principal Place of Business  
**21**

2a. Mailing Address  
**26**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

Suite, Apt. #, etc.  
**22**

City & State  
**23**

7. Is this nonprofit corporation a homeowners association?  
 Yes  No

Zip  
**24**

Country  
**25**

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.  
 Yes  No

Zip  
**29**

Country  
**30**

10. Name and Address of New Registered Agent

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**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

85 Zip Code

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when relistings)

**12. OFFICERS AND DIRECTORS**

TITLE **D**  DELETE  
 NAME **FREUND, IRWIN B.**  
 STREET ADDRESS **10729 S.W. 104TH ST.**  
 CITY-ST-ZIP **MIAMI FL**

TITLE **PD**  DELETE  
 NAME **VAYO, RON**  
 STREET ADDRESS **10709 SW 104 ST**  
 CITY-ST-ZIP **MIAMI FL**

TITLE **SD**  DELETE  
 NAME **SANTOS, RAY**  
 STREET ADDRESS **10753 SW 104TH ST**  
 CITY-ST-ZIP **MIAMI FL**

TITLE **TD**  DELETE  
 NAME **GREGG, BRADLEY**  
 STREET ADDRESS **10713 SW 104 ST.**  
 CITY-ST-ZIP **MIAMI FL**

TITLE **VPD**  DELETE  
 NAME **SHOOKOFF, CASEY**  
 STREET ADDRESS **10751 S.W. 104TH STREET**  
 CITY-ST-ZIP **MIAMI FL**

TITLE **SD**  DELETE  
 NAME **KATZ, DANNY**  
 STREET ADDRESS **10701-10705 SW 104 ST**  
 CITY-ST-ZIP **MIAMI FL**

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE  Change  Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE  Change  Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE  Change  Addition

3.2 NAME

3.3 STREET ADDRESS

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this annual report or supplemental 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: \_\_\_\_\_**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_ Division Phone # \_\_\_\_\_

CR2E037 (10/97)