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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 # N07432

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



21. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
22. Suite, Apt. #, etc.	2b. Suite, Apt. #, etc.	4. FEI Number
23. City & State	2c. City & State	5. Certificate of Status Desired
24. Zip	2d. Zip	6. Election Campaign Financing Trust Fund Contribution

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
KOBRIN, DAVID A. CAPITAL PLAZA II, SUITE 206 8900 S.W. 107TH AVE. MIAMI FL 33176-1490		81. Name	85. Zip Code
		82. Street Address (P.O. Box Number is Not Acceptable)	FL
		83. City	
		84. City	

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 reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FREUND, IRWIN B.	1.2 NAME	Freund, Irwin B.
STREET ADDRESS	10729 S.W. 104TH ST.	1.3 STREET ADDRESS	10729 S.W. 104th St.
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	Miami, Florida 33176
TITLE	PD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VAYO, RON	2.2 NAME	
STREET ADDRESS	10709 SW 104 ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANTOS, RAY	3.2 NAME	
STREET ADDRESS	10753 SW 104TH ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREGG, BRADLEY	4.2 NAME	Gregg, Bradley
STREET ADDRESS	10713 SW 104 ST.	4.3 STREET ADDRESS	10713 SW 104 Street
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	Miami, Florida 33176
TITLE	VPD	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHOOKOFF, CASEY CARY	5.2 NAME	
STREET ADDRESS	10751 S.W. 104TH STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	
TITLE	I	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	STD
STREET ADDRESS		6.3 STREET ADDRESS	Wendy Nattoli
CITY-ST-ZIP		6.4 CITY-ST-ZIP	10749 S.W. 104 Street Miami, Florida 33176

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: _____ SIGNATURE REQUIRED _____ Date: 1/15/99 (305) 275-1148 Daytime Phone # _____

CR2E037 (1/98)