FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # N36790

KENDALL AIRPORT PARK ASSOCIATION, INC.

Country

25

Principal Place of Business
% JEREMY SHAPIRO
12300 SW 132 CT
MIAMI FL 33186

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

21

22

23

24

Zip

Mailing Address

% JEREMY SHAPIRO 12300 SW 132 CT MIAMI FL 33186

2a. Mailing Address

City & State

Suite, Apt. #, etc.

26

27

28

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Zip

FILED May 10, 1999 8:00 am Secretary of State

05-10-1999 90227 011 ****61.25

- 1 IBB/1141 45	B 1018 B118 1801	1850 980 8000 B181	

3. Date Incorporated or Qualifed

5. Certifcate of Status Desired

6. Election Campaign Financing

Trust Fund Contribution

02/22/1990

65-0261216

4. FEI Number

537143 - 90227 - 11

9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent							
			81	Name			[
SHAPIRO, JEREMY			82	2 Street Address (P.O. Box Number is Not Acceptable)						
12300 SW 132 CT			83			 _				
MIAM) FL 33186										
			84	City	FL	85 Zip C				
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 Stoneture typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) DATE										
12.	Signature, typed or printed name of registered agent and title if applicable. OFFICERS AND DIRECTORS	13.	Ayen	c algrisions	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTO	RS IN 12			
TITLE	PD DELE		TLE		T	Change	Addition			
NAME	SHAPIRO, JEREMY	1.2 N								
STREET ADDRESS	12300 SW 132 CT			ADDRESS	s		1			
-	MIAMI FL		ITY-\$1							
CITY-ST-ZIP		DELETE 2.1 TI				☐ Change	Addition			
NAME	SHAPIRO, BRIAN	2.2 N	AME				{			
	12300 SW 132 CT			ADORESS	s		Ì			
STREET ADDRESS	MIAMI FL		CITY-S							
CITY-ST-ZIP	VSD DELE			1.ZIF		Change	Addition			
NAME	GADINSKY, MARTIN	321	AME				(
STREET ADDRESS	1010 KANE OONOUDOE OUITE OD		TREET	ADDRESS	s					
CITY-ST-ZIP			CITY-S				1			
TITLE	DELE					☐ Change	☐ Addition			
NAME		4.21	IAME				Í			
STREET ADDRESS		4.3 S	TREET	ADDRESS	s					
CITY-ST-ZIP		4.4 0	ITY-S1	T-ZIP						
TITLE	☐ DELE	TÊ 5.1 T	ITLE			☐ Change	☐ Addition			
NAME		5.2 N	AME							
STREET ADDRESS		5.3 \$	TREET	ADDRESS	s					
CITY-ST-ZIP		5.4 0	TY-S	T-ZIP						
TITLE	☐ DELE	TE 6.1 T	ITLE			Change	Addition			
NAME		6.2 N	AME							
STREET ADDRESS		6.3 S	TREET	ADDRESS	s					
CITY-ST-ZIP			TY-S							
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.										

Country

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ATUHEREMY (SHAP) ED) SIGNATURE:

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable

CR2E037 (11/98)