

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P93000058998 (4)**

1. Corporation Name

**KENDALL CREDIT AND BUSINESS SERVICE, INC.**



Principal Place of Business

Mailing Address

7990 SW 117 AVE  
SUITE 135  
MIAMI FL 33183  
US

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SUITE 135  
MIAMI FL 33183  
US

3. Date Incorporated or Qualified  
**08/18/1993**

3a. Date of Last Report  
**03/22/1995**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 **8900 N. KENDALL DR.**

4. FEI Number  
**65-0434778**

Applied For  
Not Applicable

22 City & State

27 **FINANCE DEPT.**

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

23 Zip

25 Country

28 **MIAMI, FL.**

29 Zip

30 Country

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SAXON, KYLE R  
1700 ALFRED I. DUPONT BUILDING  
169 E. FLAGLER ST.  
MIAMI FL 33131

81 Name  
**Jody Lehman**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**8900 N. Kendall Drive**  
83  
84 City  
**Miami, FL** 85 Zip Code  
**33176**

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:

*Jody Lehman*  
Signature, typed or printed name of registered agent, and title (if any)

(NOTE: Registered Agent signature required when re-stating)

**4-26-96**  
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>P</b> <input type="checkbox"/> DELETE
NAME	<b>KEELEY, BRIAN E</b>
STREET ADDRESS	<b>8900 N. KENDALL DRIVE</b>
CITY-ST-ZIP	<b>MIAMI FL 33176</b>
TITLE	<b>V</b> <input type="checkbox"/> DELETE
NAME	<b>MESSING, FRED M</b>
STREET ADDRESS	<b>8900 N. KENDALL DRIVE</b>
CITY-ST-ZIP	<b>MIAMI FL 33176</b>
TITLE	<b>V</b> <input type="checkbox"/> DELETE
NAME	<b>CONDON, EDWARD L</b>
STREET ADDRESS	<b>7990 SW 117 AVE, SUITE 135</b>
CITY-ST-ZIP	<b>MIAMI FL</b>
TITLE	<b>ST</b> <input type="checkbox"/> DELETE
NAME	<b>LAWSON, RALPH E</b>
STREET ADDRESS	<b>8900 N. KENDALL DRIVE</b>
CITY-ST-ZIP	<b>MIAMI FL 33176</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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	<b>900001812649</b>
5.3 STREET ADDRESS	<b>-05/08/96--01014--010</b>
5.4 CITY-ST-ZIP	<b>***200.00</b>
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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Edward L. Condon*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/23/96** **598-9696**  
Date Daytime Phone #

CR2E034 (12/95)