SECONI SMOUNT DUÉ (O NOTICE: CORPORATION WILL BE ON OR BEFORE 8/1/96: \$61.25 (IF DISSO	DISSOLVED ON OR AFTER LVED. MINIMUM AMOUNT DUE	AUGUST 7, 199	6. 236 25 1	-		
NONPROFIT ELORIDA DEPARTMENT DE STATE							
CORPORATION ANNUAL REPORT		Sandra B. Mortham			FILED		
1996		Secretary of State DIVISION OF CORPORATIONS			Jul 25 1996 8:00 am		
			UNFORATIONS				
DOCU 1. Corporation	MENT # 71901	3 (5)			Secretary	or State	
THE	KIRK A. AND DOROTHY P.	LANDON FOUNDATION	J. IN				
C.			1, 111		 	AN AND MINIS PARIS NINIS BARAN NINIS NINIS	 .
Principal Plac	ce of Business	Mailing Address					
2 CASUARINA CONSOURSE 2 CASUARINA CONCOU			SE			•	
CORAL GABLES FL 33143 US CORAL GABLES FL 33143 US US			1				
					 Date Incorporated or Qualified 02/20/1970 	3a. Date of Last Report 02/27/1995	
	Place of Business	2a. Mailing Address			4. FEI Number	Applied For	_
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			23-7148133	Not Applica	bie
22		27			5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & Stat	6	City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be	
Zip 24	Country	Zip	Country		This corporation has liability for in	Added to Fees intangible tax under s 199.032,	\dashv
24	25 9. Name and Address of Current	29	30]		Florida Statutes 10. Name and Address of New Rec	Yes No	
-MELEX	OSE, MARY JANE		81 Nam	D-0	ephen A. Lynch II		
- 100 S /	ANDY OAK PLACE		82 Street Addre		s (P.O. Box Number is Not Acceptable Brickell Avenue	е) е	-
LONG	W OOD FL		83			<u> </u>	-
	•		84 City	Mia	ami	FL 65 3Zp Code 33131	
11. Pursuant office or r	to the provisions of Sections 617.0502 egistered agent, or both, in the State of	and 617.1508, Florida Statutes	, the above-name				d
agent. La	egistered agent, or both, in the State of m familiar with, and accept the obligati	ons of Section 617.0503, Flori	a Statutes.	. A	s board of directors. Thereby accept		
12.	Stephen Annietrame of the store dent	and the Happlicable (NOTE	Registered Agent signat	ture required w		7/22/96 DATE	-
TITLE	OFFICERS AND	DELETE	13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12 Change X Additi	
NAME STREET ADDRESS	LANDON, R. KIRK 2 CASUARINA CONCOURSE		1.2 NAME	Ste	phen A. Lynch III		37 (3
CITY-ST-ZIP	CORAL GABLES FL		1.3 STREET ADDRESS 1.4 CITY - ST - ZIP		Brickell Avenue mi, FL 33131		3/2E037 (3/96)
TITLE	VO	DELETE	2.1 TITLE	1	<u>/ 111 55151</u>	Change Additi	
NAME Street Address	- MELROSE , MARY JANE - 100 SANDY OAK PLACE	 -	2.2 NAME 2.3 STREET ADDRESS				
CITY-ST-ZIP	- LONGWOOD FL		2 4 CITY - ST-ZIP	<u> </u>			
1)7) E	STD HART, THOMAS F	DELETE	3.1 TITLE 3.2 NAME			Change Additi	on
STREET ADDRESS	595 BILTMORE WAY		3.3 STREET ADDRESS	s			ŀ
CITY-ST-ZIP TITLE	CORAL GABLES FL	DELETE	3.4. CITY-ST-ZIP	 			
NAME			4.2 NAME			Change Additi	on .
STREET ADDRESS CITY-SY-ZIP			4.3 STREET ADORESS	s			
TITLE		DELETE	4.4 CITY-ST-ZIP 5.1 TITLE	+		Change Addition	on
NAME STREET ADDRESS			5.2 NAME				
CITY-ST-ZIP			5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	S			
TITLE NAME		DEFELE	6.1 TITLE	1"	100001903	338 Change Addition	on .
STREET ADDRESS			6.2 NAME 6.3 STREET ADDRESS	s	100001903 -07/25/9601020 ***61.25	J013 ¯	
City-St-ZiP	v certify that the information aurolice	ith this filing is unlimbered.	6.4.CITY-ST-ZIP				
made und	y certify that the information supplied w tify that the information indicated on thi er oath, that I am an officer or director of the appears in Block 12 or Block 13 if c	of the corporation or the receive	ar ar fruatas como	ot qualify for true and a nwered to	or the exemption stated in Section 11: accurate and that my signature shall execute this report as the section 11:	9.07(3)(k), Florida Statutes. I have the same legal effect as if	
that my na	The appears of a second for the	nariged, or on an attachinent v	vilitan addiess.		execute this report as required by Ch	rapier 617, Florida Statutes; and	ן ג
SIGNAT	URE: SIGNATURE AND TYPES OF THE	INTED HAME OF SIGNING OFFICER OR	HRED ;	1 7	6/13/		_
	WWW. WINE HIM TITES ON PA	or maining officer on	PINED IUM	· '	Date	Daytime Phone #	1 1