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Mar 24, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 335810

1. Corporation Name

EAST KENDALL CORPORATION

Principal Place of Business

~~8865 S. DIXIE HIGHWAY~~
MIAMI FL 33156

Mailing Address

~~8865 S. DIXIE HIGHWAY~~
MIAMI FL 33156

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/01/1968

2. Principal Place of Business

21 6200 SW 135 STREET

2a. Mailing Address

26 6200 SW 135 STREET

4. FEI Number

59-1226960

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

City & State

23 MIAMI FL

City & State

28 MIAMI FL

6. Election Campaign Financing

Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

Zip

24 33156

Country

25 USA

Zip

29 33156

Country

30 USA

8. This corporation owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**BREIER, ROBERT G.
2800 PONCE DE LEON BLVD
STE 1125
CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE	ST	<input type="checkbox"/> DELETE
NAME	IRWIN, PAULA	
STREET ADDRESS	8865 S. DIXIE HIGHWAY	
CITY-ST-ZIP	MIAMI FL	

TITLE	VD	<input type="checkbox"/> DELETE
NAME	IRWIN, PAULA	
STREET ADDRESS	8865 S. DIXIE HWY	
CITY-ST-ZIP	MIAMI FL	

TITLE	PD	<input type="checkbox"/> DELETE
NAME	IRWIN, MICHAEL A	
STREET ADDRESS	8865 S DIXIE HWY	
CITY-ST-ZIP	MIAMI FL	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	6200 SW 135 STREET
1.4 CITY-ST-ZIP	MIAMI, FL 33156

2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	6200 SW 135 STREET
2.4 CITY-ST-ZIP	MIAMI, FL 33156

3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	6200 SW 135 STREET
3.4 CITY-ST-ZIP	MIAMI, FL 33156

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	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

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 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 607, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-10-99

305-665-9060

Date

Daytime Phone #

CR2F034 (11/98)