

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.**  
**AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)**

**NONPROFIT CORPORATION ANNUAL REPORT 1996**



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

**FILED**  
**Jul 25 1996 8:00 am**  
 Secretary of State

**DOCUMENT # 719013 (5)**  
 1. Corporation Name  
**THE KIRK A. AND DOROTHY P. LANDON FOUNDATION, INC.**



Principal Place of Business      Mailing Address  
**2 CASUARINA CONOURSE**      **2 CASUARINA CONOURSE**  
**CORAL GABLES FL 33143**      **CORAL GABLES FL 33143**  
**US**      **US**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>02/20/1970</b>	3a. Date of Last Report <b>02/27/1995</b>
21	Suits, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>23-7148133</b>	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
22	City & State	27	City & State	5. Certificate of Status Desired	<input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

**9. Name and Address of Current Registered Agent**  
~~MELROSE, MARY JANE~~  
~~100 SANDY OAK PLACE~~  
~~LONGWOOD FL~~

**10. Name and Address of New Registered Agent**  
 81 Name **Stephen A. Lynch III**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**700 Brickell Avenue**  
 83  
 84 City **Miami**      **FL**      85 Zip Code **33131**

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 **Stephen A. Lynch III**      *[Signature]*      **7/22/96**  
Signature, typed or printed name of registered agent and, if not applicable, (NOTE: Registered Agent signature required when reinstating) DATE

**12. OFFICERS AND DIRECTORS**

TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>LANDON, R. KIRK</b>	
STREET ADDRESS	<b>2 CASUARINA CONOURSE</b>	
CITY - ST - ZIP	<b>CORAL GABLES FL</b>	
TITLE	<b>VD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<del>MELROSE, MARY JANE</del>	
STREET ADDRESS	<del>100 SANDY OAK PLACE</del>	
CITY - ST - ZIP	<del>LONGWOOD FL</del>	
TITLE	<b>STD</b>	<input type="checkbox"/> DELETE
NAME	<b>MART, THOMAS F</b>	
STREET ADDRESS	<b>505 BILTMORE WAY</b>	
CITY - ST - ZIP	<b>CORAL GABLES FL</b>	
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	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>Stephen A. Lynch III</b>	
1.3 STREET ADDRESS	<b>700 Brickell Avenue</b>	
1.4 CITY - ST - ZIP	<b>Miami, FL 33131</b>	
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		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>100001903381</b>	
6.3 STREET ADDRESS	<b>-07/25/96--01020--013</b>	
6.4 CITY - ST - ZIP	<b>***61.25</b>	

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:** *[Signature]*      **SIGNATURE REQUIRED**      *[Signature]*      **6/13/96**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E037 (3/96)