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Jan 27, 1999 8:00am
Secretary of State

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01-27-1999 90042 028 *****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 719013

1. Corporation Name
THE KIRK A. AND DOROTHY P. LANDON FOUNDATION, IN C.

Principal Place of Business 11222 QUAIL ROOST DRIVE MIAMI FL 33159-543 US	Mailing Address 11222 QUAIL ROOST DRIVE MIAMI FL 33159-543 US
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 02/20/1970
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 23-7148133 Applied For Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent LYNCH, STEPHEN A III 700 BRICKELL AVENUE MIAMI FL 33131	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD LANDON, R. KIRK 11222 QUAIL ROOST DRIVE MIAMI FL 33157-6543	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D LYNCH, STEPHEN A III 700 BRICKELL AVENUE MIAMI FL 33131	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	STD HART, THOMAS F 595 BILTMORE WAY CORAL GABLES FL	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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.

SIGNATURE: _____ SIGNATURE REQUIRED
 Date: Jan 8, 1999 (305) 252-6990
 Daytime Phone # _____

0085128

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