

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 18, 1999 8:00am
Secretary of State

02-18-1999 90007 005 *****70.00

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

DOCUMENT # **755786**

1. Corporation Name

**KANE CONCOURSE EXECUTIVE BUILDING CONDOMINIUM AS
SOCIATION, INC.**

Principal Place of Business

**1140 KANE CONCOURSE 5TH FLOOR
BAY HARBOR ISLANDS FL 33154
US**

Mailing Address

**1140 KANE CONCOURSE
FIFTH FLOOR
BAY HARBOR ISLANDS FL 33154
US**



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	01/07/1981
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	59-2242333
City & State	City & State	Applied For
23	28	Not Applicable
Zip	Zip	5. Certificate of Status Desired
24	29	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
Country	Country	6. Election Campaign Financing
25	30	<input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

**BARASH, A. JEFFREY
1140 KANE CONCOURSE
FIFTH FLOOR
BAY HARBOR ISLANDS FL 33154**

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 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOSE GILBERT	1.2 NAME	
STREET ADDRESS	1140 KANE CONCOURSE- 3RD FLOOR	1.3 STREET ADDRESS	
CITY-ST-ZIP	BAY HARBOR ISL FL	1.4 CITY-ST-ZIP	
TITLE	SD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARASH, A. JEFFREY	2.2 NAME	
STREET ADDRESS	1140 KANE CONCOURSE - 4TH FLOOR	2.3 STREET ADDRESS	
CITY-ST-ZIP	BAY HARBOR ISLANDS FL	2.4 CITY-ST-ZIP	
TITLE	TD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SILVERS, ROBERT HENRY	3.2 NAME	
STREET ADDRESS	1140 KANE CONCOURSE 5TH FLOOR	3.3 STREET ADDRESS	
CITY-ST-ZIP	BAY HARBOR ISLANDS FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Duration: Please see

0032070

CR2E037 (11/98)