

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 JUN 27 AM 11:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 763757

1. Corporation Name
K.C.C.C.A. INC.

**KENDALL CROSSINGS COMMERCE CENTER Condominium
Association, Inc**

Principal Place of Business Mailing Address
**12150 A SW 131 AVE
MIAMI FL. 33186**

**7885 SW 108 ST
MIAMI FL. 33156**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **06/23/1982** 3a. Date of Last Report **03/08/1994**

4. FEI Number **59-2369570** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.022, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 29 Country 30 Country

9. Name and Address of Current Registered Agent

**KENNEDY, TYRONE G.
7885 SW 108 ST
MIAMI FL. 33156-3613**

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 617.1808, 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 607.0605, Florida Statutes.

SIGNATURE

[Signature]

S/T/D

5/25/95

(Type or print name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P/D
NAME	KUCH, PETER
STREET ADDRESS	12180 SW 131 AVE
CITY-ST-ZIP	MIAMI FL. 33186
TITLE	V/D
NAME	YUSEM, MELVYN
STREET ADDRESS	12166 SW 131 AVE
CITY-ST-ZIP	MIAMI FL. 33186
TITLE	S/T/D
NAME	TYRONE G. KENNEDY
STREET ADDRESS	7885 SW 108 ST
CITY-ST-ZIP	MIAMI FL. 33156-3613
TITLE	T/D
NAME	CRAIG WITTY
STREET ADDRESS	12186 SW 131 AVE
CITY-ST-ZIP	MIAMI FL. 33186
TITLE	T/D
NAME	THOMAS J. MCDADE
STREET ADDRESS	12172 SW 131 AVE
CITY-ST-ZIP	MIAMI FL. 33186
TITLE	
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	200001528782
1.3 STREET ADDRESS	-07/03/95--01003--013
1.4 CITY-ST-ZIP	****138.75 ****130.00
2.1 TITLE	730.00 <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	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

REMITTED BY MAY 1

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 110.07(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, changed, or on an attachment with an address.

SIGNATURE: *[Signature]*

(Type or print name of signing officer or director)

5/25/95 305577-0023

DATE

Daytime Phone #