## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

> Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT #

1. Corporation Name 763757

(2)

Mailing Address

KENDALL CROSSINGS	COMMERCE	CENTER	CONDOMINIUM	AS
SOCIATION, INC.				

Principal Place of Business 7885 SW 108 ST 12150A SW 131 AVE. MIAMI FL 33156 MIAMI FL 33186 3a. Date of Last Report 3. Date Incorporated or Qualified US 06/27/1995 06/23/1982 Applied For 4. FEI Number 2a. Mailing Address 2. Principal Place of Business 59-2369570 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 \$5.00 May Be 6. Election Campaign Financing City & State Crty & State Added to Fees Trust Fund Contribution 28 23 8. This corporation has liability for intangible tax under s. 199.032, Country Country Ζiρ Zip ☐ Yes ☐ No Florida Statutes 30 29 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name Street Address (P.O. Box Number is Not Acceptable) 82 KENNEDY, TYRONE G 7885 SW 108 ST 83 **MIAMI FL 33156** 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

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SIGNATURE _	Signature, typed or printed name of registered agent and title if applica-	ane (NOT	E. Registered Agent signature required v	when reinstating! DATE
	OFFICERS AND DIRECTOR		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
Z.	VD	DELETE	1 1 TITLE	Change Addit
		_	12 NAME	
ME	YUSEM, MELVYN		1.3 STREET ADORESS	
REET ADDRESS	12166 SW 131 AVE		1.4 CITY-ST-ZIP	
TY-ST-ZIP	MIAMI FL	DELETE	2 1 TITLE	Change Addit
TLE	PD POTER		2 2 NAME	
AME	KUCH, PETER		2 3 STREET ADDRESS	
Treet address	12180 SW 131 AVE		2 4 CITY - ST - ZIP	
ITY-ST-ZIP	MIAMI FL	DELETE	3 1 TITLE	Change Addi
TLE	STD	_	3.2 NAME	
AME	KENNEDY, TYRONE G		3.3 STREET ADDRESS	
TREET ADDRESS	7885 SW 108 ST		3 4. CITY - ST - ZIP	
CITY - ST - ZIP	MIAMI FL	DELETE	4 1 TITLE	☐ Change ☐ Addi
ITLE	TD SOURCE WITTY		4. 2 NAME	
lame	CRAIG, WITTY		4.3 STREET ADDRESS	
STREET ADDRESS	12186 SW 131 AVE		4.4 CITY-ST-ZIP	
CITY-ST-ZIP	MIAMI FL	DELETE	5 1 TITLE	Change Add
TITLE	TD	_	5 2 NAME	
NAME	MCDADE, THOMAS J.		5 3 STREET ADDRESS	
STREET ADDRESS	12172 SW 131 AVE		5 4 CiTY-ST-ZIP	
CITY-ST-ZIP	MIAMI FL	DELETE	6 1 71TLE	☐ Change ☐ Add
TITLE		<u> </u>	6.2 NAME	
NAME			63 STREET ADDRESS	
STREET ADDRESS			6.4 CITY - ST - ZIP	
CITY ST. 7IP	1		0.7 0111 01 01	Control of the Contro

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 cartify 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 in shanged, or on an attachment with an address.

SIGNATURE:

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