

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # J48285

(7)

1. Corporation Name

AMIREIT (KENDALL), INC.

Principal Place of Business

% THE PRENTICE-HALL CORPORATION SYSTEM INC
FIRST FLORIDA BANK BUILDING SUITE 420
TALLAHASSEE FL 32301

Mailing Address

6400 S. FIDDLER'S GREEN CIR
STE 1800
ENGLEWOOD CO 80111
US



3. Date Incorporated or Qualified
12/22/1986

3a. Date of Last Report
02/14/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYES ST.
STE 105
TALLAHASSEE FL 32301

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent, and date of signature

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

NAME
SULLIVAN, JOSEPH P
STREET ADDRESS
6400 S FIDDLERS GRN 1800
CITY, ST-ZIP
ENGLEWOOD CO

☒ DELETE

TITLE
TDV
NAME
STREUFERT, VICTOR C.
STREET ADDRESS
6400 S FIDDLERS GRN 1800
CITY, ST-ZIP
ENGLEWOOD CO

☒ DELETE

TITLE
SDV
NAME
LEWIS, GEOFFREY D.
STREET ADDRESS
6400 S FIDDLERS GRN 1800
CITY, ST-ZIP
ENGLEWOOD CO

☒ DELETE

TITLE
V
NAME
SCHONERT, C. GREGORY
STREET ADDRESS
6400 S. FIDDLER'S GREEN CIR. STE. 1800
CITY, ST-ZIP
ENGLEWOOD CO

☐ DELETE

TITLE
AS
NAME
MCGEE, MICHAEL J.
STREET ADDRESS
6400 S. FIDDLER'S GREEN CIR. STE 1800
CITY, ST-ZIP
ENGLEWOOD CO

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY, ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY, ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

V,D,T,S

Michael J. McGee

6400 S Fiddlers Grn Cir #1800
Englewood, CO 80111

☒ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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 its receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE:

Michael J. McGee
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/8/96

Date

(303) 796-9793

Daytime Phone #

CR2E034 (12/95)