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Feb 03 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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 80111-4937
US

3. Date Incorporated or Qualified

12/22/1986

3a. Date of Last Report

02/22/1996

4. FEI Number

95-4085653

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

9. Name and Address of Current Registered Agent

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

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 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, if applicable,

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	VDTS	<input type="checkbox"/> DELETE
NAME	MCGEE, MICHAEL J.	
STREET ADDRESS	6400 S FIDDLERS GRN 1800	
CITY - ST - ZIP	ENGLEWOOD CO	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	SCHONERT, C. GREGORY	
STREET ADDRESS	6400 S. FIDDLER'S GREEN CIR. STE. 1800	
CITY - ST - ZIP	ENGLEWOOD CO	
TITLE	AS	<input checked="" type="checkbox"/> DELETE
NAME	MCGEE, MICHAEL J.	
STREET ADDRESS	6400 S. FIDDLER'S GREEN CIR. STE 1800	
CITY - ST - ZIP	ENGLEWOOD CO	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Michael J. McGee	
1.3 STREET ADDRESS	6400 S. Fiddler's Green Circle #1800	
1.4 CITY - ST - ZIP	Englewood, CO 80111	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Joseph P. Sullivan	
3.3 STREET ADDRESS	6400 S. Fiddler's Green Circle #1800	
3.4 CITY - ST - ZIP	Englewood, CO 80111	
4.1 TITLE	VDS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Thomas T. Schleck	
4.3 STREET ADDRESS	6400 S. Fiddler's Green Circle #1800	
4.4 CITY - ST - ZIP	Englewood, CO 80111	
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		

14. I do 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, 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 amendment with a new address.

SIGNATURE:

Thomas T. Schleck
Thomas T. Schleck, Secretary

1/6/97

(303) 796-9793

Date: Daytime Phone

CR2E034 (9/96)