## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.

AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.) **PROFIT** FLOWDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1997 DIVISION OF CORPORATIONS JUL 23 PH 1: 17 **DOCUMENT # K56089** KENDALL COMMUNICATIONS INC. Principal Place of Business Mailing Address 7125 SUNSET DRIVE 7125 SUNSET DRIVE MIAMI FL 33143 MIAM! FL 33143 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 3a. Date of Last Report 12/29/1988 06/17/1996 2. Principal Place of Business Mailing Address 4. FEI Number Applied For 11410 5W Suite, Apt. #, etc. 65-0104393 26 Not Applicable Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired  $\Box$ Fee Required City & State 6. Election Campaign Financing \$5.00 May Be 28 Trust Fund Contribution Added to Fees Country Ζφ Country 8. This corporation owes or has paid the current year Intangible DADE 25 29 30 Personal Property Tax due June 30. ☐ Yes ☐ No g. Name and Address of Current Registered Agent Name and Address of New Registered Agent SCIARRONE, JOSEPH J. 81 Name 7125 SUNSET DRIVE 82 Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33143** 83 84 City 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, typod or printed name of registered agent and title if applicable. (NOTE: Rog stered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 PD. DELETE TITLE 11 TITLE Change Addition SCIARRONE, JOSEPH J. NAME 1.2 NAME 7125 SUNSET DRIVE STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 1.4 CITY - ST - ZIP W TITLE DELFTE 2.1 1111.5 Change Addition SCIARRONE, GEORGE R. 100002248151---07/25/97--01092--018 NAME 2.2 NAME 14155 SW 87TH ST E-105 STREET ADDRESS 2.3 STREET ADDRESS MIAMI FL \*\*\*\*165.00 \*\*\*\*165.00 CITY-ST-ZIP 2. 4 CITY - ST-ZIP STD DELFTE TITLE 3.1 TITLE Change Addition SCIARRONE, CYNTHIA L. NAME 3.2 NAME 7125 SUNSET DRIVE STREET ADDRESS 3.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 34. CITY-ST-ZIP DELETE 4.1 THEE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-24 4.4 CITY - ST - ZIE DELETE TITLE 5 1 1/TLE Change Addition NAME 5.2 NAME STREET ADORESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE 6.1 TITLE ☐ Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 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 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 changes or on an attachment with an address.

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