


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 27 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L11952 (3) 1. Corporation Name KENDALL HAMMOCKS, INC.			
Principal Place of Business % CLIFFORD L. SUCHMAN 15875 SW 88 ST MIAMI FL 33156 US		Mailing Address C/O SHANE SUCHMAN R. E. CO. 1550 MADRUGA AVE S230 CORAL GABLES FL 33146 US	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip Country 28	
g. Name and Address of Current Registered Agent SUCHMAN, LAWRENCE E 1550 MADRUGA AVE SUITE 230 CORAL GABLES FL 33146		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 title if applicable (NOTE: Registered Agent signature required when reinstating) DATE			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP SUCHMAN, CLIFFORD L. [] DELETE	1.1 TITLE	[] Change [] Addition
NAME	1550 MADRUGA AVE	1.2 NAME	
STREET ADDRESS	CORAL GABLES FL	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	ST ROBERTS, PETER A [] DELETE	2.1 TITLE	[] Change [] Addition
NAME	1550 MADRUGA AVE	2.2 NAME	
STREET ADDRESS	CORAL GABLES FL	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	V SHANE, MARTIN H [] DELETE	3.1 TITLE	[] Change [] Addition
NAME	1550 MADRUGA AVE	3.2 NAME	
STREET ADDRESS	CORAL GABLES FL	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	V SUCHMAN, DANIEL A [] DELETE	4.1 TITLE	[] Change [] Addition
NAME	328 MINORCA AVE	4.2 NAME	
STREET ADDRESS	CORAL GABLES FL	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	V SUCHMAN, LAWRENCE E [] DELETE	5.1 TITLE	[] Change [] Addition
NAME	1550 MADRUGA AVE	5.2 NAME	
STREET ADDRESS	CORAL GABLES FL	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	V STEIN, SAUL [] DELETE	6.1 TITLE	[] Change [] Addition
NAME	1550 MADRUGA AVE	6.2 NAME	
STREET ADDRESS	CORAL GABLES FL	6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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 changed, or on an attachment with an address.

SIGNATURE: *Peter A. Roberts* PETER A ROBERTS, SECY. 4/16/98 305-667-6461

CR2E034 (10/97)