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Mar 05 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N23194 (6)

1. Corporation Name
KENDALE LAKES CHAPTER #4088 OF AMERICAN ASSOCIATION OF RETIRED PERSONS, INC.

Principal Place of Business 9240 S.W. 124TH ST. MIAMI FL 33176	Mailing Address 9240 S.W. 124TH ST. MIAMI FL 33176
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country
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9. Name and Address of Current Registered Agent FARBER, NATHAN 9240 S.W. 124TH ST. MIAMI FL 33176	10. Name and Address of New Registered Agent 81 Name LAURA BAUER 82 Street Address (P.O. Box Number is Not Acceptable) 9980 S.W. 14 TERRACE 83 84 City MIAMI FL 85 Zip Code 33174
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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 familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Laura Bauer* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		DELETE
TITLE	PO	<input checked="" type="checkbox"/>
NAME	FARBER, NATHAN	
STREET ADDRESS	9240 S.W. 124TH ST.	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE	VD	<input checked="" type="checkbox"/>
NAME	HALL, EDITH	
STREET ADDRESS	4343 SW 129TH AVE.	
CITY-ST-ZIP	MIAMI FL 33175	
TITLE	SD	<input checked="" type="checkbox"/>
NAME	MARGOLIS, ROSE	
STREET ADDRESS	7935 SW 19TH ST.	
CITY-ST-ZIP	MIAMI FL 33155	
TITLE	TD	<input checked="" type="checkbox"/>
NAME	HITCHINS, MILLCENT C	
STREET ADDRESS	13522 S.W. 65TH LANE	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	PD	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	LAURA BAUER		
1.3 STREET ADDRESS	9980 S.W. 14 TERR		
1.4 CITY-ST-ZIP	MIAMI FL 33174		
2.1 TITLE	VD	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.2 NAME	JEAN GROVES		
2.3 STREET ADDRESS	6790 S.W. 59 ST.		
2.4 CITY-ST-ZIP	MIAMI FL 33143		
3.1 TITLE	SD	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.2 NAME	CLAIRE GREENWALD		
3.3 STREET ADDRESS	7500 S.W. 59 PL. #104		
3.4 CITY-ST-ZIP	MIAMI FL 33143		
4.1 TITLE	TD	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.2 NAME	BEATRICE ATKINS		
4.3 STREET ADDRESS	13007 S.W. 88 LANE		
4.4 CITY-ST-ZIP	MIAMI FL 33186		
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Laura Bauer* 2/4/98 305-2237851

CR2E037 (10/97)