

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N45081** (9)

1. Corporation Name
KENDALL NETWORKERS, INC.



Principal Place of Business: **8603 S DIXIE HWY SUITE 408 MIAMI FL 33143**
Mailing Address: **8603 S DIXIE HWY SUITE 408 MIAMI FL 33143**

3. Date Incorporated or Qualified: **09/05/1991**
3a. Date of Last Report: **02/03/1995**

21	2. Principal Place of Business	2a	Mailing Address	4	FEI Number	Applied For				
		26			65-0270071	Not Applicable				
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5	Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required				
23	City & State	28	City & State	6	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees				
24	Zip	25	Country	29	Zip	30	Country	8	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
SIMON, GARY P. 9100 S DADELAND BLVD SUITE 504 MIAMI FL 33156				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	DS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STEIN, MARVIN	1.2 NAME	Gary P Simon
STREET ADDRESS	8603 S DIXIE HWY	1.3 STREET ADDRESS	9100 So Dadeland Blvd #504
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	Miami, FL 33156
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STENBACK, JEFF	2.2 NAME	Eddie King
STREET ADDRESS	8780 S.W. 92 ST. #206	2.3 STREET ADDRESS	8603 So. Dixie Hwy
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	Miami, FL 33143
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EISENBERG, ALAN	3.2 NAME	Eisenberg Alan
STREET ADDRESS	11440 N KENDALL DRIVE #301	3.3 STREET ADDRESS	11440 N Kendall Dr #301
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	Miami FL
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	DT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SYGER, OSCAR	4.2 NAME	David Salisbury
STREET ADDRESS	155 S. MIAMI AVE., PH1	4.3 STREET ADDRESS	8603 S. Dixie Hwy #408
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	Miami, FL 33143
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ABDO-GOMEZ, MAGDA	5.2 NAME	
STREET ADDRESS	P. O. BOX 65-4112 N/A	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33625	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MITCHELL, SARA	6.2 NAME	
STREET ADDRESS	9460 S.W. 123 AVE CT.	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	6.4 CITY-ST-ZIP	

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 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: Gary P Simon Secretary 1/17/96 Date (305) 670-6750 Daytime Phone #

CR2E037 (12/95)