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Apr 14, 1999 8:00 am
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04-14-1999 90063 037 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N45081

1. Corporation Name
KENDALL NETWORKERS, INC.

Principal Place of Business
**6603 S DIXIE HWY
 SUITE 408
 MIAMI FL 33143**

Mailing Address
**8603 S DIXIE HWY
 SUITE 408
 MIAMI FL 33143**

* 3 2 5 7 4 3 *



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	09/05/1991	
22	City & State	27	City & State	4. FEI Number	
23	Zip	28	Zip	65-0270071	
24	Country	29	Country	Applied For	
		30		Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/>	
				\$8.75 Additional Fee Required	
				6. Election Campaign Financing <input type="checkbox"/>	
				\$5.00 May Be Added to Fees	

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 Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	STEIN, MARVIN			1.2 NAME			
STREET ADDRESS	8603 S DIXIE HWY			1.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL			1.4 CITY-ST-ZIP			
TITLE	P	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	STENBACK, JEFFREY			2.2 NAME			
STREET ADDRESS	8720 N. KENDALL DR., SUITE 206			2.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL			2.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	EISENBERG, ALAN			3.2 NAME			
STREET ADDRESS	5900 SW 73 STREET, SUITE 207			3.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL			3.4 CITY-ST-ZIP			
TITLE	T	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SALISBURY, DAVID			4.2 NAME			
STREET ADDRESS	8875 SW 131 ST			4.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33176			4.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SIMON, GARY			5.2 NAME			
STREET ADDRESS	9100 S. DADELAND BLVD., SUITE 504			5.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL			5.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		6.1 TITLE	<input 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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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, with all other like empowered.

SIGNATURE: *[Signature]* TREASURER Date: 4/8/99 Daytime Phone #: 305-753-2444

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