SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996 AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS **DOCUMENT #** P92000014437 (7) KENDALL INVESTMENTS GROUP, INC. Principal Place of Business Mailing Address 5345 LAGUNA VISTA DRIVE 5345 LAGUNA VISTA DRIVE MELBOURNE FL 32935 MELBOURNE FL 32935 3. Date Incorporated or Qualified 3a. Date of Last Report 12/21/1992 03/21/1995 Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 59-3164482 Not Applicable Suite, Apt. #, etc. Suite, Apt #, etc \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & Stale 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zιο Country 8. This corporation has liability for intangib<u>le tax under s. 199.032</u> 24 25 29 30 Florida Statutes Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name KENDALL, JEFFREY S 5345 LAGUNA VISTA DRIVE 82 Street Address (P.O. Box Number is Not Acceptable) MELBOURNE FL 32935 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 agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am familiar wiln, and accept the obligations of, Section 607,0505, Florida Statutes. SIGNATURE Signature, typed or proted name of registioned 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 (3/3/6) TITLE D DELETE 1.1 TOTAL Change Addition NAME KENDALL, JEFFREY 1.2 NAME CR2E034 STREET ADDRESS 5345 LAGUNA VISTA DR 1.3 STREET ADDRESS **MELBOURNE FL 32935** CITY - ST - ZIP 1.4 CITY - ST - ZIP TITLE DELETE 2 1 TIFLE Change Addition NAME 2.2 NAME STREET ADDRESS 23 STREET ADDRESS CITY-ST-ZIP 2 4 CITY - ST - ZIF TITLE DELETE 3 1 TITLE Change ____ Addition NAME 3.2 NAME STREET ADDRESS 3 3 STREET ADDRESS CITY - ST - ZIP 3.4 CHTY - ST - ZIP TITLE DELETE 4.1 TITLE Change Addition NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4 4 CHTY - ST - ZIP TITLE DELETE 5 1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STHEET ADDRESS CITY-ST-ZIP 5.4 CHTY - ST- ZIP TITLE DELETE 61 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(3)(k). Florida Statutes 1 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

STORTHOU OFFICER OF DIRECTOR 3 CF FRYS Kando //

SIGNATURE -

MANURE AND TYPED OR PRINTED NAME OF