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 CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B Mortham

Secretary of State

DIVISION OF CORPORATIONS

6/12/46 40/ 22/6789

1996

DOCUMENT #

SIGNATURE:

P95000060234 (8)

KYLE'S RUN DEVELOPMENT CORP.

Principal Place of Business Mailing Address					I TEOLOGUI IID IOIDI DIKKI DOKKI DOKKI DOKKI BEKIR BIKKI DOKU ILIDA KKIKI BIKKI ILIDA		
% BERMAN WOLFE & RENNERT. P.A. % BERMAN WOLFE & RENNE 100 S.E. SECOND STREET 100 S.E. SECOND STREET MIAMI FL 33131-2130 MIAMI FL 33131-2130							
					3. Date Incorporated or Qualified 08/04/1995	3a. Date of	of Last Report
2, Principal Pi. 21	ace of Business	2a. Mailing Address			4. FEI Number 59 - 333 1218		Applied for
Suite, Apt. #, etc.		Suite, Apt #, etc			\$8.75 Addition		Not Applicable
2		27			5. Certificate of Status Desired		Fee Required
City & State	?	City & State			6. Election Campaign Financing		\$5.00 May Be
23] Zip	Country	28 Zip	Country		Trust Fund Contribution		Added to Fees
24	25	29	30		This corporation has liability for in Florida Statutes		under s. 199.032 lo
	9. Name and Address of Currer	nt Registered Agent			10. Name and Address of New Re		
	OLFE, LEON J		81	Name			
	0 S.E.SECOND STREET		82	Street Add	dress (P.O. Box Number is Not Acceptable	e)	
	TH FLOOR, INTERNATIONAL PI	LACE	83				
MI	AMI FL 33131-2130		[83]				
			84	City		FL	5 Zip Code
11. Pursuant to	o the provisions of Sections 607.050	2 and 607.1508, Florida Sta	tutes, the above-	named corr	poration submits this statement for the pu	rivers of shore	naina ite registered
OPPLIED THE	gistered agent, or both, in the State in familiar with, and accept the obliga	OF FIORICA SUCH Chance was	e authorizad by t	he corporat	ion's board of directors. Thereby accept	the appointm	ent as registered
SIGNATURE			riorida dididio.				
	Signature, typed or printed name of registered age		NOTE: Registered Ager	it signature requi	iried when minstating)	DAIF	
12.	OFFICERS AN		13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIF	RECTORS IN 12
TITLE	D CHARVEY IECODEY	DELETE	1 1 THILE				Change Addition
NAME STORES LIBORGOS	SHARKEY, JEFFREY 116 S. MONROE ST.		1.2 NAME				
STREET ADDRESS	TALLAHASSEE FL 32302		1.3 STREET A				
CITY-ST-ZIP TITLE	TALLAHAGGEL FL 32302	DELETE	1.4 CITY-ST 2.1 TITLE	· ZIP			Change Add to
NAME		occir	2 2 NAME			Ш	Change Addition
STREET ADDRESS			23 STREET A	MODRESS			
CITY - ST - ZIP			2 4 CITY - S				
TITLE		DELETE	3 1 TITLE				Change Addition
NAME			3.2 NAME	ĺ			• •
STREET ADDRESS			3.3 STREET A	NDDRESS			
CITY-ST-ZIP			34 City-St	! - ZiP			
TITLE		DELETE	4.1 TifLE				Change Addition
NAME			4 2 NAME	[
STREET ADDRESS			43 STREET A				
CITY-ST-ZIP		DELETE	4 4 CITY-ST	- Z/P		·-···	
TIFLE NAME		L DELETE	5 1 TITLE			Ш	Change Addition
STREFT ADDRESS			5 2 NAME 5 3 STREET A	INDRESS			
CITY-ST-ZIP			5 4 CITY - ST				
TITLE		DELETE	61 TITLE	411			Change Addition
NAME		-	6 2 NAME			لسسا	I
STREET ADDRESS			63STHEET A	ODRESS			
CITY - ST - ZIP			6.4 CHTY - ST	- ZIP			
14. I do hereby further cert	y certify that the information supplied that the information indicated on	with this filing is voluntarily	furnished and de	pes not qual	lify for the exemption stated in Section 11 and accurate and that my signature shall	9 07(3)(k), FI	orida Statutes T
made unde	er oath, that I am an officer or directome appears in Block 12 or 3lock 13 i	or or bear cornoration of the re	econver or truston	CONDOMORO	and accurate and that my signature shall d to execute this report as required by Cl	nave the sair napter 617, Fi	ic legal effect as if lorida Statutes, and

INTED NAME OF SIGNING OFFICER OR DIRECTOR