

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90056 035 ***150.00

DOCUMENT # P95000095999

1. Corporation Name
THE KENDALL BOOKSHELF, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business

9601 S DIXIE HWY
9601 S DIXIE HWY
PINECREST FL 33156
US

Mailing Address

9601 S DIXIE HWY
MIAMI FL 33156
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

2a. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

3. Date Incorporated or Qualified

12/19/1995

4. FEI Number

65-0627460

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

Yes No

9. Name and Address of Current Registered Agent

ELLIOT, STUART G

~~9100 SOUTH DADELAND BLVD.~~

~~#1119~~

~~MIAMI FL 33156~~

10. Name and Address of New Registered Agent

81 Name ELLIOT, STUART G.

82 Street Address (P.O. Box Number is Not Acceptable)

9601 S. DIXIE HWY.

83

84 City

MIAMI

FL

85 Zip Code

33156

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 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 607.0505, Florida Statutes.

SIGNATURE STUART G. ELLIOT, President

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/28/99

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME STUART G. ELLIOT
STREET ADDRESS 9601 S DIXIE HWY
CITY-ST-ZIP PINECREST FL 33156

TITLE VPSD ☐ DELETE

NAME SHARON R. ELLIOTT
STREET ADDRESS 9601 S DIXIE HWY
CITY-ST-ZIP PINECREST FL 33156

TITLE VPTD ☐ DELETE

NAME STEVEN D. ELLIOT
STREET ADDRESS 9601 S. DIXIE HWY
CITY-ST-ZIP PINECREST FL 33156

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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 607, 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 STUART G. ELLIOT, Pres. 4/28/99 305-668-0005

Signature and typed or printed name of signing officer or director

Date

Daytime Phone #

CR2E034 (11/98)

0228784