

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1998**



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

FILED

98 JUL -7 PM 1:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** P96000078834  
1. Corporation Name

McKendall Group, Inc.

**AMENDMENT**

Principal Place of Business

Mailing Address

International Building, Suite 300  
2455 East Sunrise Boulevard  
Fort Lauderdale, FL 33304

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

Applied For

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

65-0709339

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

24

25

Country

29

30

Country

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

George Hess, II  
333 North New River Drive, East  
Suite 2000  
Ft. Lauderdale, FL 33301

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 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☒ DELETE  
NAME George F. Hess II  
STREET ADDRESS 333 North New River Drive, East  
CITY-ST-ZIP Suite 2000  
Ft. Lauderdale, FL 33301

11 TITLE President  
12 NAME Mr. Delvi J. Berger  
13 STREET ADDRESS 2455 E. Sunrise  
14 CITY-ST-ZIP Ft. Lauderdale, FL 33304

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

21 TITLE Vice President  
22 NAME Alexandre C. Berger  
23 STREET ADDRESS 2455 E. Sunrise, Ft. Lauderdale, FL 33304  
24 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

31 TITLE Secretary  
32 NAME Lara M. R. Berger  
33 STREET ADDRESS Same  
34 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

41 TITLE Treasurer  
42 NAME Mr. Delvi J. Berger  
43 STREET ADDRESS Same  
44 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

51 TITLE  
52 NAME  
53 STREET ADDRESS 200002581512--5  
54 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 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.

SIGNATURE:

Delvi J. Berger 6/1/98

CR2E034 (10/97)

2



ACCOUNT NO. : 072100000032

REFERENCE : 881591 4304009

AUTHORIZATION : *Patricia Pizante*

COST LIMIT : \$ 61.25

ORDER DATE : July 6, 1998

ORDER TIME : 4:10 PM

ORDER NO. : 881591-005

CUSTOMER NO: 4304009

CUSTOMER:

Shutts & Bowen  
1500 Miami Center  
201 S. Biscayne Boulevard  
Miami, FL 33131

ANNUAL REPORT FILING

NAME: MCKENDALL GROUP, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Karen B. Rozar

EXAMINER'S INITIALS:

*JP*  
*TFB*

RECEIVED  
98 JUL -7 PM 10:42  
DIVISION OF CORPORATION