## 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

## DOCUMENT # P97000075427

1. Corporation Name

KENDALL FALLS AUTO & RV CENTER, INC.

## Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90002 040 \*\*\*150.00

* 100 HOST HE (811)		 B) 6 ( B) ( B) ( B) ( B) ( B)
	(68); 88() 86() 88()	

Principal Place of Business Mailing Address					<b>   </b>	E()   B	(/811 1881 1881	
8700 SW 133 STREET 8700 SW 133 STREET MIAMI FL 33176 MIAMI FL 33176				DO NOT WRITE	IN THIS SP	ACE		
					3. Date Incorporated or Qualifed			
					08/29/1997			
2. Principal Place of Business	cipal Place of Business 2a, Mailing Address			4. FEI Number			plied For	
21	26				65-0778246		No	t Applicable
Suite, Apt. #, etc.			5 Certificate of Status Desired		•	Additional		
22	27		5. Certificate of Status Desired		⊶Fee-Re	quired		
City & State	City & State			6. Election Campaign Financing	<b>-</b>	\$5.00	May Be	
	28			Trust Fund Contribution Added to Fees				
ZipCountry	Zip	Country			8. This corporation owes the current			
24 25		30			Personal Property Tax.		Yes	□No
9. Name and Address of Current	Registered Agent		81 Nar		10. Name and Address of New Reg	isterea Age	ent	
LINDENBAUM, STANLEY			81 Nar	ne				}
7614 SW 146 CT			82 Stre	et Addre	ss (P.O. Box Number is Not Acceptable	9)		
MIAMI FL 33183			-					
MIAMITE 33103			83					
			84 City		,		35 Zip (	Code
						FL		
Pursuant to the provisions of Sections 607.0502 office or registered agent, or both, in the State o agent. I am familiar with, and accept the obligation.	i Florida. Such change was au	uthorized	by the c	ed corpo orporation	oration submits this statement for the pun's board of directors. I hereby accept the	rpose of cha he appointm	ent as re	gistered
SIGNATURE						_		
Signature, typed or printed name of registered agent		Ť	Agent signal	ure required	when reinstating)	DATE	NDCOTO	DO 151 40
12. OFFICERS AND	DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC		Change	Addition
TITLE PD		1.1 Π		1		L	, ununge	
NAME SCHWARTZ, MELVIN		1.2 NA						ĺ
STREET ADDRESS 14091 SW 125TH AVENUE		1	REET ADDRI	:55				
CITY-ST-ZIP MIAMI FL 33186	□ DELETE	2.1 TI	TY-ST-ZIP			г	Change	Addition
TITLE D		2.7 N				_	J	
NAME LINDENBAUM, STANLEY								İ
STREET ADDRESS 7614 SW 146 CT	e e e e e e e e e e e e e e e e e e e	1	REET ADDRI	. , se			,	• [
CITY-ST-ZIP MIAMI FL 33186	□ DELETE	3.1 TT	TY-ST-ZIP				Change	Addition
I TILE		3.2 NA				_	- •	ĺ
NAME		, ,	ME REET ADDRI	:00				į
STREET ADDRESS			TY-ST-ZIP	-33				
CITY-ST-ZIP TITLE	☐ DELETE	4.1 TD		<del></del>			Change	Addition
NAME	<b></b> -	4.2 N						
			REET ADOR	:00				
STREET ADDRESS			TY-ST-ZIP	-33	•			1
TITLE	DELETE	5.1 11					Change	☐ Addition
NAME	<del>-</del>	5.2 N/				-		
STREET ADDRESS								
,			REET ADDRI	ss				1
CITY-ST-ZIP		5.3 ST	REET ADDRI	ss				
) TITLE	☐ DELETE	5.3 ST	TY-ST-ZIP	ss			] Change	Addition
TITLE NAME	☐ DELETE	5.3 ST 5.4 CT	TY-ST-ZIP			Ċ	] Change	☐ Addition
NAME STREET ADDRESS	☐ DÉLETE	5.3 ST 5.4 CT 6.1 TT 6.2 NA	TY-ST-ZIP				] Change	☐ Addition

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 or an attachment with an address with all other like empowered.

**SIGNATURE:** 

CITY-ST-ZIP