PROFIT CORPORATION ANNUAL REPORT 1999

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Zip

Suite, Apt. #, etc.

City & State ___



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000088160

WILLOW WALK OF KENDALL MANAGEMENT COMPANY

Mailing Address Principal Place of Business 9260 SUNSET DRIVE 9260 SUNSET DRIVE SUITE 119 SUITE 119 DO NOT WRITE IN THIS SPACE MIAMI FL 33173 MIAMI FL 33173 3. Date incorporated or Qualifed 10/15/1998 4. FEI Number 2. Principal Place of Business Mailing Address 2a. 26

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Applied For 309 65- 09 Not Applicable \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired П Fee Required \$5.00 May Be City & State 6. Election Campaign Financing Added to Fees Trust Fund Contribution

8. This corporation owes the current year Intangible Country Country Zip ☐ Yes 30 Personal Property Tax. 29 25 9. Name and Address of Current Registered Agent

LEGAL SERVICE CORPORATION OF MIAMI 9260 SUNSET DRIVE **SUITE 119** MIAMI FL 33173

Т	10. Name and Address of New Registered Agent
8	Name
8	Street Address (P.O. Box Number is Not Acceptable)
8	
8	City 85 Zip Code
1	FL

FILED

Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90220 006 ***150.00

□No

CR2E034 (11/98)

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: Re	gistered Agent elgnature n	equired when refreshing)	DATE		
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1							
TITLE		ELETE	1.1 TAILE		☐ Change	☐ Addition	
NAME	GROSS, SOLOMON E		1.2 NAME				
STREET ADDRESS	9260 SUNSET DRIVE SUITE 119		1.3 STREET ADDRESS				
CITY-ST-ZIP	MIAMI FL 33173		1.4 CTTY- ST-ZIP				
TITLE	□ DE	ELETE	2.1 TITLE		Change	Addition Addition	
NAME			22NAME				
STREET ADDRESS			2.3 STREET ADDRESS	·			
C/TY-57-29P			2.4 CITY-ST-ZIP				
TITLE		ELETE	3.1 मा L E		egnsrt) 🗍	Addition	
NAME		•	3.2 NAME				
STREET ADDRESS	·		3.3 STREET ADDRESS				
CITY-ST-ZIP			3.4 CITY-ST-ZIP		77.00	☐ Addition	
TITLE	(I) DE	ELETE	4.1 TITLE		Change	☐ Addition	
NAME .			4.2 NAME				
STREET ADDRESS	•		4.3 STREET ADDRESS				
CITY-ST-ZIP			4.4 CITY-ST-ZIP		C Change	Addition	
TITLE	□ DE	ELÉTE	5.1 TITLE		Change		
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY-ST-ZIP				
TITLE	□ DE	ELETE	8.1 TITLE		Change	Addition	
NAME			6.2 NAME				
STREET ADDRESS	•		6.3 STREET ADDRESS			_	
CITY-ST-ZIP			6.4 C/TY-ST-ZIP				

14. I hereby certify that the Information supplied with this filling 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 suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under cath; 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 pri an attachpept with an address, with all other like empowered.