

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995. AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MAXIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # S62251 (1)

1. Corporation Name
KENDALL TEL-COM INC.

FILED
95 JUL 25 AM 8:19
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business: **8325 SW 147TH CT P O BOX 960278 MIAMI FL 32296**
Mailing Address: **P.O. BOX 690278 P O BOX 960278 MIAMI FL 33296 US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: **21** Suite, Apt. #, etc. **22** City & State **23** Zip **24** Country
2a. Mailing Address: **26** Suite, Apt. #, etc. **27** City & State **28** Zip **29** Country **30**

3. Date incorporated or Qualified: **06/20/1991** 3a. Date of Last Report: **08/02/1994**
4. FEI Number: **65-0269838** Applied For: Not Applicable:
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Elects Contribution: **\$5.00 May Be Added to Fees**
7. Trust Fund Contribution:
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
ORGILL, MICHAEL
8325 SW 147 COURT
MIAMI FL 33193

10. Name and Address of New Registered Agent
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

Regular Agent or limited partner of registered agent and the corporation

Registered Agent signature required when necessary

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ORGILL, MICHAEL
STREET ADDRESS	8325 SW 147TH CT
CITY ST ZIP	MIAMI FL
TITLE	D
NAME	ORGILL-SMITH, PAT
STREET ADDRESS	14959 S.W. 75TH TERR
CITY ST ZIP	MIAMI FL
TITLE	VP
NAME	ORGILL, HEATHER
STREET ADDRESS	8325 SW 147TH CT.
CITY ST ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13.

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY ST ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
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31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
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51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY ST ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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, of an agent report with an address.

SIGNATURE: *[Signature]* MICHAEL E. ORGILL
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07/21/95 (305) 3851621
Telephone Number

CR2E034 (3/95)