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**Apr 19, 1999 8:00 am**  
**Secretary of State**

04-19-1999 90014 004 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # **S62251**  
 1. Corporation Name  
**KENDALL TEL-COM INC.**



Principal Place of Business: 9010 S.W. 137TH AVE. SUITE 22 MIAMI FL 33186 US

Mailing Address: P O BOX 960278 MIAMI FL 33296 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**06/20/1991**

2. Principal Place of Business: 21 **914 E. Norvell Bryant Hwy**

2a. Mailing Address: 26 **P.O. Box 1688**

22. Suite, Apt. #, etc.

23. City & State: **Hernando Fl.**

24. Zip: **34442** 25. Country: **USA**

4. FEI Number: **65-0269838** 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  
**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: *Michael E. Orgill* DATE: **4/15/99**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	Michael E. Orgill <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ORGILL, MICHAEL	1.2 NAME	720 E. Gilchrist Court
STREET ADDRESS	8325 SW 147TH CT	1.3 STREET ADDRESS	Unit 6A
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	Hernando, FL 34442
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ORGILL-SMITH, PAT	2.2 NAME	
STREET ADDRESS	14959 S.W. 75TH TERR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	3.1 TITLE	Heather E. Orgill <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ORGILL, HEATHER	3.2 NAME	720 E. Gilchrist Court, Unit 6A
STREET ADDRESS	8325 SW 147TH CT.	3.3 STREET ADDRESS	Hernando, Florida 34442
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *Michael E. Orgill* DATE: **4/15/99** (352) 926 7100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR