

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

FILED
May 12 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **V04596** (5)
1. Corporation Name
KENDALL SUMMIT, INC.

Principal Place of Business C/O WOLPERT & KAUFMAN, P.A. 9200 S. DADELAND BLVD., STE. 614 MIAMI FL 33156 US	Mailing Address C/O WOLPERT & KAUFMAN, P.A. 9200 S. DADELAND BLVD., STE. 614 MIAMI FL 33156 US
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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		3. Date Incorporated or Qualified 01/07/1992	
				4. FEI Number 65-0310159	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent ALHAMBRA REGISTERED AGENTS, INC. TWO ALHAMBRA PLAZA, STE. 1202 CORAL GABLES FL 33134				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
				85 Zip Code FL	

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	D.P. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARCUS, STEWART	1.2 NAME	EUGENE M. ERWIN
STREET ADDRESS	2121 PONCE DE LEON BLVD	1.3 STREET ADDRESS	4915 RIVERVIEW ROAD, NW
CITY-ST-ZIP	CORAL GABLES FL	1.4 CITY-ST-ZIP	ATLANTA, GA 30327
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	D.S. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BOGGIO, LLOYD J	2.2 NAME	ROBERT B. LEVINE
STREET ADDRESS	2121 PONCE DE LEON BLVD	2.3 STREET ADDRESS	565 FIFTH AVENUE
CITY-ST-ZIP	CORAL GABLES FL	2.4 CITY-ST-ZIP	NEW YORK, NY 10017-5319
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	FRANK DOMBECK
STREET ADDRESS		3.3 STREET ADDRESS	4350 W. CYPRUS STREET, SUITE 250
CITY-ST-ZIP		3.4 CITY-ST-ZIP	TAMPA, FL 33607
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.

SIGNATURE: *[Signature]* **ROBERT B. LEVINE** **Feb 19 1998** **BBE-7443**

CR2E034 (10/97)