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

**PROFIT CORPORATION** ANNUAL REPORT 1999

KENDALL SUMMIT, INC.

1. Corporation Name

**DOCUMENT # V04596** 



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## FILED May 07, 1999 8:00 am Secretary of State

05-07-1999 90132 015 \*\*\*150.00

Principal Place	e of Business	Mailing Address				T I BOIL BINDIN BOILL BIRDE DIVID (DILE DI	I WISH BIDH DIBH SIDH	Bieli Bibli 1861
C/O WOLPERT & KAUFMAN, P.A.		C/O WOLPERT & KAUFMAN, P.A.						
-,	AND BLVD., STE. 614	9200 S. DADELAND		14				
MIAMI FL 33156		MIAMI FL 33156				DO NOT WRITE IN THIS SPACE		
US		US				3. Date Incorporated or Qualifed		
						01/07/1992		
2. Principal Pl	lace of Business	2a. Mailing Address	s			4. FEI Number		oplied For
21		26				65-0310159		ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, et	ic.			5. Certifcate of Status Desired	*	Additional equired
22		City & State						
City & State	e	City & State				6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added	May Be to Fees
23 Zin	Country	28		untry				lo i des
Zip	·	<b>⊢</b> ¬ '	30	uritiy		<ol> <li>This corporation owes the current yes Personal Property Tax.</li> </ol>	ear manglole	□No
24	9. Name and Address of Current	Pagistared Agent	30	Т		10. Name and Address of New Regis		
	3. Haile and Address of Current	registered Agent		81	Name	- Control of the cont	<u></u>	
ALH.	AMBRA REGISTERED AGENTS, IN	NC.						
	ALHAMBRA PLAZA, STE. 1202			82	Street Addr	ress (P.O. Box Number is Not Acceptable)		
	RAL GABLES FL 33134			83				
				"				
				84	City		FL 85 Zip	Code
44 Dumuent	to the provinces of Sections 607 0502	and 607 1508 Florida	Statutes the s	ahove-	named com	oration submits this statement for the purpo	ose of changing its	registered
l office or re	egistered agent, or both, in the State o	f Florida. Such change	was authorized	d by th	he corporation	on's board of directors. I hereby accept the	appointment as re	egistered
l accortia								
ayent. ra	m familiar with, and accept the obligati	ons of, Section 607.050	05, Florida Stat	tutes.				
SIGNATURE	····	<u> </u>				d when reinstating)	ATE	
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable	(NOTE: Registere	d Agent		d when reinstating)  ADDITIONS/CHANGES TO OFFICE		ORS IN 12
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable	(NOTE: Registered	d Agent:				DRS IN 12
SIGNATURE  12.  TITLE	Signature, typed or printed name of registered agent OFFICERS AND	and title if applicable  DIRECTORS	(NOTE: Registerer 13. ETE 1.1 T	d Agent:			RS AND DIRECTO	
SIGNATURE  12. TITLE NAME	Signature, typed or printed name of registered agent OFFICERS AND DP ERWIN, EUGENE M	and title if applicable  DIRECTORS	(NOTE: Registerer 13. ETE 1.1 T	d Agent : TTLE	signature require		RS AND DIRECTO	
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS	Signature, typed or printed name of registered agent OFFICERS AND DP ERWIN, EUGENE M 4915 RIVERVIEW ROAD, NW	and title if applicable  DIRECTORS	(NOTE: Registere 13. ETE 1.1 T 1.2 N 1.3 S	INTLE NAME	signature require		RS AND DIRECTO	
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	Signature, typed or printed name of registered agent OFFICERS AND DP ERWIN, EUGENE M 4915 RIVERVIEW ROAD, NW ATLANTA GA 30327	and title if applicable  DIRECTORS	(NOTE: Registerer 13. ETE 1.1 T 1.2 N 1.3 S 1.4 C	INTLE NAME STREET A	signature require		RS AND DIRECTO	
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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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS