## FILE NOW: FILING FEE IS \$61.25

**NONPROFIT CORPORATION ANNUAL REPORT** 1998



## FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT #

(5)

KEN-DADE CONDOMINIUM, INC.

## **FILED** Feb 26 1998 8:00am Secretary of State

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			<u>.                                    </u>				
Principal Plac	e of Business	Mailing Address					
THE SCOTT CO		THE SCOTT CO.		ſ	3. Date Incorporated or Qualified		
13323 NW 11     SUNRISE FL 3		13323 NW 11 DR SUNRISE FL 33323		Ĺ	09/21/1965		
US	3023	US			4. FEI Number	<del></del>	plied For
					<u>59-1267941</u>	No	t Applicable
<b>!</b>	Place of Business	2a. Mailing Address			5. Certificate of Status Desired	\$8.75	
21 Suite, Apt.	# oto	Suite, Apt. #, etc.			6 Finalian Compaign Financian	Fee Re \$5.00 N	
22	#, <b>B</b> (C.	27		ļ	6. Election Campaign Financing Trust Fund Contribution		
City & Stat	te e	City & State			7. Is this nonprofit corporation a home		ነየ
Zip	Country	<b>28</b> Zip	Country		This corporation owes or has paid to		angihia
24	26	29	30	1	Personal Property Tax due June 30.		No
241	9. Name and Address of Cur		1501		10. Name and Address of New Regist		
			81	Name			
BECKER	r, p <mark>oli</mark> akoff & streitfeld,	P.A.	82 5	Street Address	s (P.O. Box Number is Not Acceptable)		
	.UE LAGOON DRIVE, #250						
MIAMI F	L 33126		63				
		•	84 (	City		FL 85 Zip (	Code
11. Pureuent	to the provisions of Sections 617 (	1502 and 617 1508. Florida Statu	tes, the above-n	named coroor	ation submits this statement for the purp	ose of changing its	s registered
office or i	registered agent, or both, in the St am familiar with, and accept the ob	ate of Florida. Such change was	authorized by th	ne corporation	s board of directors. I hereby accept th	e appointment as	registered
1	am laminar with, and accept the oc	nigations of, Socion of 17.0000, 1	iorida Statutea.				
SIGNATURE	Signature, typed or printed name of registered	agent and title if applicable. (NO	TE: Registered Agent :	signature required	when reinstating)	DATE	
12.	OFFICERS	AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICER		
TITLE	<del>70</del>	DELETE	1.1 TITLE	D		Change	Addition
NAME	THOMPSON, TERRANCE		1.2 NAME				
STREET ADDRESS	9175 SW 77TH AVE		1.3 STREET AD	DORESS			
CITY-ST-ZIP	MIAMI FL	D priette	1.4 CITY - ST - 2	$\overline{}$		Change	Addition
TITLE	P	☐ DELETE	2.1 TITLE	VP	a	Change	TT VOOITION
NAME	MADDEN, POLLY		2.2 NAME		CELIA COVIN		
STREET ADDRESS	-9175 SW 77 AVE		2.3 STREET AD		12 SM JO DI DIE		
CITY-ST-ZIP	SD SD	DELETE	2. 4 CITY-ST- 3.1 TITLE	ZIP	10M1 FC	Change	Addition
TITLE NAME	MOYER, GLORIA	_ vacio	3.2 NAME			<del></del>	
STREET ADDRESS	7965 SW 17 TERR		3.3 STREET AD	DORESS			
CITY-ST-ZIP	MIAMI FL		3.4. CITY-ST-	i			
TITLE	100000	DELETE	4.1 TITLE	7	70	Change	Addition
NAME	DECONCHIN, MARIE		4. 2 NAME	' '	•		
STREET ADDRESS	9175 SW 77TH AVE		4.3 STREET AD	) Dress			
CITY-ST-ZIP	MIAMI FL		4.4 City-St-2				
TITLE	-0	☐ DELETE	5.1 TITLE	P	ס'	Change	Addition
NAME	VAN VILET CAROLINE		5.2 NAME	_   <i>'</i>			
STREET ADDRESS	9175 SW 77TH AVE		5.3 STREET AD	odress			
CITY-ST-ZIP	MIAMI FL	——————————————————————————————————————	5.4 CITY-ST-	ZIP		Chance	Addition
TITLE		☐ DEL <b>et</b> e	6.1 TITLE	1		L Change	Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET AD 6.4 City-St-	1			

I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(5)/ii, Florida Statutes. Thereby 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 employered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

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