

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 MAY -1 PM 12:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 346605

(9)

1. Corporation Name

KIM MEERBEEK INTERIORS, INC.

Principal Place of Business

700 US #1, STE C  
N. PALM BEACH FL 33408

Mailing Address

700 US #1, STE C  
N. PALM BEACH FL 33408

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/20/1969

3a. Date of Last Report

04/29/1994

2. Principal Place of Business

21 1499 Forest Hill Blvd.

Suite, Apt. #, etc.

22 117

City & State

23 West Palm Beach FL

Zip

24 33406-6450

Country

25 U.S.A.

2a. Mailing Address

26 1499 Forest Hill Blvd

Suite, Apt. #, etc.

27 117

City & State

28 West Palm Beach FL

Zip

29 33406-6450

Country

30 U.S.A.

4. FEI Number

59-1271445

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 has liability for intangible tax under S. 199.032,  
Florida Statutes

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

MEERBEEK, KIMBERLEY JOY  
700 U.S. HIGHWAY 1  
UNIT C  
NORTH PALM BEACH FL 33408

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

1499 Forest Hill Blvd

83 Suite # 117

84 City

West Palm Beach

FL

85 Zip Code

33406

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

Signature of person or persons authorized to sign this report on behalf of the corporation

(If the Registered Agent is a corporation, the signature of the person authorized to sign this report on behalf of the corporation is required)

(Date)

12. OFFICERS AND DIRECTORS

|                |                      |
|----------------|----------------------|
| TITLE          | ST                   |
| NAME           | MEERBEEK, TIM        |
| STREET ADDRESS | 1150 W. MOUNTAIN DR. |
| CITY, ST, ZIP  | W. PALM BEACH FL     |
| TITLE          | P                    |
| NAME           | MEERBEEK, KIMBERLY   |
| STREET ADDRESS | 700 US HWY1, UNIT C  |
| CITY, ST, ZIP  | N PALM BCH FL        |
| TITLE          |                      |
| NAME           |                      |
| STREET ADDRESS |                      |
| CITY, ST, ZIP  |                      |
| TITLE          |                      |
| NAME           |                      |
| STREET ADDRESS |                      |
| CITY, ST, ZIP  |                      |
| TITLE          |                      |
| NAME           |                      |
| STREET ADDRESS |                      |
| CITY, ST, ZIP  |                      |
| TITLE          |                      |
| NAME           |                      |
| STREET ADDRESS |                      |
| CITY, ST, ZIP  |                      |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |                                                                              |
|--------------------|------------------------------------------------------------------------------|
| 1.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 1.2 NAME           |                                                                              |
| 1.3 STREET ADDRESS |                                                                              |
| 1.4 CITY, ST, ZIP  |                                                                              |
| 2.1 TITLE          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           |                                                                              |
| 2.3 STREET ADDRESS | 1150 W. Mountain Dr.                                                         |
| 2.4 CITY, ST, ZIP  | West Palm Beach FL 33406                                                     |
| 3.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 3.2 NAME           |                                                                              |
| 3.3 STREET ADDRESS |                                                                              |
| 3.4 CITY, ST, ZIP  |                                                                              |
| 4.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 4.2 NAME           |                                                                              |
| 4.3 STREET ADDRESS |                                                                              |
| 4.4 CITY, ST, ZIP  |                                                                              |
| 5.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 5.2 NAME           |                                                                              |
| 5.3 STREET ADDRESS |                                                                              |
| 5.4 CITY, ST, ZIP  |                                                                              |
| 6.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 6.2 NAME           |                                                                              |
| 6.3 STREET ADDRESS |                                                                              |
| 6.4 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 included 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 as an attachment with an address.

SIGNATURE:

*Kim Meerbeek*  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/95 866-2272  
(Date) (Telephone Number)