

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90214 005 ***150.00

DOCUMENT # 428739

1. Corporation Name

KIMBERLY ENTERPRISES, INC.

Principal Place of Business

13730 SR 84 SUITE T
DAVIE FL 33325

Mailing Address

13730 SR 84 SUITE T
DAVIE FL 33325

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/21/1973

4. FEI Number

65-0071816

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

2. Principal Place of Business

21 1032 NE 78 Rd

Suite, Apt. #, etc.

22 1

23 Miami FL

24 33138 25 USA

2a. Mailing Address

26 1032 NE 78 Rd

Suite, Apt. #, etc.

27 1

28 Miami FL

29 33138 30 USA

9. Name and Address of Current Registered Agent

BURNS, MELINDA
14090 SW 26 CT.
DAVIE FL 33330

10. Name and Address of New Registered Agent

81 Name Donald Troise

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

1032 NE 78 Rd #1

83

84 City Miami

FL

85 Zip Code 33138

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]*
Signature, typed or printed name of registered agent and title if applicable.

Donald Troise
(NOTE: Registered Agent signature required when reinstating)

4/27/99
DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME BURNS, MELINDA
STREET ADDRESS 999 WASHINGTON AVE
CITY-ST-ZIP MIAMI BCH FL

TITLE ST
NAME CHAFETZ, EILEEN
STREET ADDRESS 1694 NE 164 ST
CITY-ST-ZIP N. MIAMI BEACH 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 P
1.2 NAME DONALD TROISE
1.3 STREET ADDRESS 1032 N.E. 78 RD #1
1.4 CITY-ST-ZIP MIAMI FLA 33138

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-99
Date

Daytime Phone #

CR2E034 (11/98)