


4-14-98 B 4677 -C
FILE NOW: FILING FEE IS \$61.25

FILED
Apr 14 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
----------------------------------------------------------	-----------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------

DOCUMENT # **700841** (0)

1. Corporation Name

KIMBERLY ARMS CO-OP CORP. INC.

Principal Place of Business

Mailing Address

**2305-07 PIERCE ST
HOLLYWOOD FL**

**MATHEU. DIANE
2507 WASHINGTON
HOLLYWOOD FL 33020
US**



3. Date Incorporated or Qualified

04/21/1980

4. FEI Number

59-1023079

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21
Suite, Apt. #, etc.

26
ARMAND VACHON

22
City & State

27
2307 PIERCE #8

23
Zip

Country

28
HOLLYWOOD

Zip

Country

24

25

29
33020

30
FLA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**VACHON, ARMAND
2037 PIERCE ST 1
HOLLYWOOD FL 33020**

81 Name

ARMAND VACHON

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

2307 PIERCE ST APT #8

83

HOLLYWOOD

84

FL

85

Zip Code

33020

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Armand Vachon

(NOTE: Registered Agent signature required when reinstating)

DATE

April 6th 98

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	NAME	SALIRO, JOE	STREET ADDRESS	2307 PIERCE ST. #4	CITY-ST-ZIP	HOLLYWOOD, FL 00000	DELETE	<input checked="" type="checkbox"/>
TITLE	P	NAME	VACHON, ARMAND	STREET ADDRESS	2307 PIERCE ST #8	CITY-ST-ZIP	HOLLYWOOD, FL 00000	DELETE	<input type="checkbox"/>
TITLE	D	NAME	BELISLE, DENISE	STREET ADDRESS	2307 PIERCE ST #7	CITY-ST-ZIP	HOLLYWOOD, FL 00000	DELETE	<input checked="" type="checkbox"/>
TITLE	T	NAME	VALENTINO, FRANK P.	STREET ADDRESS	2307 PIERCE ST 1	CITY-ST-ZIP	HOLLYWOOD FL	DELETE	<input type="checkbox"/>
TITLE	D	NAME	DI IORIO, MARY	STREET ADDRESS	2307 PIERCE ST 2	CITY-ST-ZIP	HOLLYWOOD, FL 00000	DELETE	<input type="checkbox"/>
TITLE	D	NAME	MCGRAIL, FRANCIS	STREET ADDRESS	2307 PIERCE ST #8	CITY-ST-ZIP	HOLLYWOOD, FL 00000	DELETE	<input type="checkbox"/>

1.1 TITLE	P	1.2 NAME	VACHON ARMAND	1.3 STREET ADDRESS	2307 PIERCE ST A 8	1.4 CITY-ST-ZIP	HOLLYWOOD FLA 33020	Change	<input checked="" type="checkbox"/>	Addition	<input type="checkbox"/>
2.1 TITLE	V P	2.2 NAME	BELISLE DENISE	2.3 STREET ADDRESS	2307 PIERCE ST # 7	2.4 CITY-ST-ZIP	HOLLYWOOD FLA 33020	Change	<input checked="" type="checkbox"/>	Addition	<input type="checkbox"/>
3.1 TITLE	ST	3.2 NAME	CLAUDE BERGERON	3.3 STREET ADDRESS	2307 PIERCE ST APT 10	3.4 CITY-ST-ZIP	HOLLYWOOD FLA 33020	Change	<input type="checkbox"/>	Addition	<input checked="" type="checkbox"/>
4.1 TITLE	D	4.2 NAME	PELLETIER JEAN GUY	4.3 STREET ADDRESS	2307 PIERCE ST APT #6	4.4 CITY-ST-ZIP	HOLLYWOOD FLA 33020	Change	<input type="checkbox"/>	Addition	<input checked="" type="checkbox"/>
5.1 TITLE	D	5.2 NAME	DORAIS MARIE FRANCE	5.3 STREET ADDRESS	2307 PIERCE ST APT #11	5.4 CITY-ST-ZIP	HOLLYWOOD FLA 33020	Change	<input type="checkbox"/>	Addition	<input checked="" type="checkbox"/>
6.1 TITLE		6.2 NAME		6.3 STREET ADDRESS		6.4 CITY-ST-ZIP		Change	<input type="checkbox"/>	Addition	<input type="checkbox"/>

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Armand Vachon

April 6th 98 (954) 929-2806

CR2E037 (10/97)