FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 (8)H26299 DOCUMENT # Corporation Name KIMBERLY SUPPLIES INC Mailing Address Principal Place of Business 10494 NW 50TH ST 10494 NW 50TH ST SUMPISE FL 33351 SUNRISE FL 33351 US 3a. Date of Last Report ШS 3. Date Incorporated or Qualified 10/19/1984 05/31/1995 Applied For 4. FEI Number 2. Principal Place of Business 2a. Mailing Address 59-2498615 Not Applicable 26 21 \$8.75 Additional Suite. Apt. #. etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 \$5.00 May Be 6. Election Campaign Financing City & State City & State Trust Fund Contribution Added to Fees 28 23 8. This corporation has liability for intangible tax under s. 199.032, Country Zip Zip Country ☐ Yes ☐ No Florida Statutes 30 29 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 61 Name Street Address (P.O. Box Number is Not Acceptable) PISCIOTTI, JOSEPH 82 5200 S. W. 111TH TERRACE 83 FT. LAUDERDALE FL 33328 Zip Code 85 84 City 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0506, Florida Statutes. SIGNATURE (No.31)E. Resignationed Agent Signati Signature, typed or protestinance of expelene tagent and their equils are ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change Addition DELETE STATISTICS TITLE 1.2 NAME PISCIOTTI, JOSEPH NAME 5200 S.W. 111TH TERR. 13 STREET ADDRESS STREET ADDRESS FORT LAUDERDALE FL 14 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 2 1 Till E TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY - ST - ZIP City-St-ZiP Change ☐ Addition DELETE 3 1 MILE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY - ST - ZIP CITY-ST-ZIP ☐ Change Addition DELETE 4 1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CHY-ST-ZIP CITY-S1-7IP ☐ Addition Change DELETE 5 1 TILLE TITLE NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CHTY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 6.1 101.6 TITLE NAME 6.3 STREET ADDRESS STREET ADDRESS 64 CITY - ST-7IP

14. Ido hereby certify that the information supplied with this firing is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(3)(k). 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 cathy 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

SIGNATURE:

appears in Block 12 or Bloc

FICER OR DIRECTOR

CR2E034 (12/95)