

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)**

FILED
Jul 29 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # J73274 (9)
 1. Corporation Name
KIMLAR CORPORATION, INC.



Principal Place of Business 2280 SARATOGA BAY DR. W PALM BEACH FL 33409 US	Mailing Address 2280 SARATOGA BAY DR. W PALM BEACH FL 33409 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 2960 W. PLANTATION PINES CT Suite, Apt. #, etc. 22 City & State 23 LECANTO, FI Zip 24 34461 Country 25 USA	2a. Mailing Address 28 2960 W. PLANTATION PINES CT Suite, Apt. #, etc. 27 City & State 28 LECANTO FI Zip 29 34461 Country 30 USA
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3. Date Incorporated or Qualified 05/15/1987	3a. Date of Last Report 09/27/1996
4. FEI Number 59-2806265	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
SARTORY, J. LAWRENCE
 2280 SARATOGA BAY DR.
 W PALM BEACH FL 33409

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 2960 WEST PLANTATION PINES COURT
 83
 84 City LECANTO FL 85 Zip Code 34461

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 _____ (NOTE Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	VSD	<input type="checkbox"/> DELETE
NAME	SARTORY, J. LAWRENCE	
STREET ADDRESS	2280 SARATOGA BAY DR.	
CITY-ST-ZIP	W PALM BEACH FL 33409	
TITLE	PTD	<input type="checkbox"/> DELETE
NAME	SARTORY, KIM L	
STREET ADDRESS	2280 SARATOGA BAY DR.	
CITY-ST-ZIP	W PALM BEACH FL 33409	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	2960 W. PLANTATION PINES COURT
1.4 CITY-ST-ZIP	LECANTO, FI 34461
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	2960 W. PLANTATION PINES COURT
2.4 CITY-ST-ZIP	LECANTO, FI 34461
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 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.

SIGNATURE _____ DATE _____

CR2E034 (4/97)