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

CITY-ST-ZIP

SIGNATURE:

May 01 1998 8:00am **PROFIT** ELORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # J95211 (5) KIMRY NORTHLAKE, INC. Principal Place of Business Mailing Address 1645 PALM BEACH LAKES BLVD 1645 PALM BEACH LAKES BLVD SUITE 720 SUITE 720 DO NOT WRITE IN THIS SPACE WEST PALM BEACH FL 33401 WEST PALM BEACH FL 33401 US 3. Date Incorporated or Qualified 09/22/1987 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0029581 26 Not Applicable Suite, Apt. #, etc. Suite, Apt #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May 8e 23 Trust Fund Contribution Added to Fees Zip Country Country Zio 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes 24 25 29 g. Name and Address of Current Registered Agent Name and Address of New Registered Agent SCHWENCKE, KERRY R. Name 1645 PALM BEACH LAKES BLVD Street Address (P.O. Box Number is Not Acceptable) SUITE 720 WEST PALM BEACH FL 33401 64 City Zip Code 85 11. Pursuant to the provisions of Sections 607.0502 and 007.1508, 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 orda. 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 objections of, Section 607.0505, Florida Statutes. SIGNATURE (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition 1.1 TITLE TITLE SCHWENCKE, KERRY R. 1.2 NAME NAME 1645 PALM BCH LAKES BLVD STREET ADDRESS 1.3 STREET ADDRESS WEST PALM BEACH FL CITY-ST-ZIP 1.4 CiTY-ST-ZiP DELETE Change Addition TITLE 2.1 TITLE SCHWENCKE, KIM M. 2.2 NAME NAME 701 W. FLETCHER AVE STREET ADORESS 2.3 STREET ADDRESS TAMPA FL 2 4 CITY-ST-ZIP CITY-ST-ZIP DELETE 3.1 TITLE Change Addition TITLE 32 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition 41 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-21P 44 CITY-ST-ZIP DELETE Change Addition 5.1 TITLE NAME 5.2 NAME STREET ADDRESS **5.3 STREET ADDRESS** CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change ■ Addition TITLE 6 1 TITLE 6.2 NAME NAME STREET ADORESS 6.3 STREET ADDRESS

64 CITY - ST - ZIP 14. I hereby certify that the information supplied with this filing does not qualify for the examption 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.

- ONEJIDENT

FILED