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CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 22 AM 10:59

DOCUMENT # K73303

(5)

1. Corporation Name

LEWIS S. KIMLER, P.A.

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/13/1989	3a. Date of Last Report 11/17/1994
4. FEI Number 65-0118807	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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt., etc.	26. Suite, Apt., etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Zip	30. Country

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
KIMLER, LEWIS 499 N.W. 70TH AVENUE PLANTATION FL 33317	81. Name 82. Street Address (P.O. Box Number is Not Acceptable) 83. 84. City FL 85. Zip Code

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 of person named as registered agent and listed as director)

(Signature of Registered Agent signature required when terminating)

DATE

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1. NAME P KIMLER, LEWIS S. 2. STREET ADDRESS 499 NW 70TH AVE., SUITE 108 3. CITY & STATE PLANTATION FL 33317	1. TITLE 2. NAME 3. STREET ADDRESS 4. CITY & STATE 5. TITLE 6. NAME 7. STREET ADDRESS 8. CITY & STATE 9. TITLE 10. NAME 11. STREET ADDRESS 12. CITY & STATE 13. TITLE 14. NAME 15. STREET ADDRESS 16. CITY & STATE 17. TITLE 18. NAME 19. STREET ADDRESS 20. CITY & STATE 21. TITLE 22. NAME 23. STREET ADDRESS 24. CITY & STATE 25. TITLE 26. NAME 27. STREET ADDRESS 28. CITY & STATE 29. TITLE 30. NAME 31. STREET ADDRESS 32. CITY & STATE 33. TITLE 34. NAME 35. STREET ADDRESS 36. CITY & STATE 37. TITLE 38. NAME 39. STREET ADDRESS 40. CITY & STATE 41. TITLE 42. NAME 43. STREET ADDRESS 44. CITY & STATE 45. TITLE 46. NAME 47. STREET ADDRESS 48. CITY & STATE 49. TITLE 50. NAME 51. STREET ADDRESS 52. CITY & STATE 53. TITLE 54. NAME 55. STREET ADDRESS 56. CITY & STATE 57. TITLE 58. NAME 59. STREET ADDRESS 60. CITY & STATE 61. TITLE 62. NAME 63. STREET ADDRESS 64. CITY & STATE 65. TITLE 66. NAME 67. STREET ADDRESS 68. CITY & STATE 69. TITLE 70. NAME 71. STREET ADDRESS 72. CITY & STATE 73. TITLE 74. NAME 75. STREET ADDRESS 76. CITY & STATE 77. TITLE 78. NAME 79. STREET ADDRESS 80. CITY & STATE 81. TITLE 82. NAME 83. STREET ADDRESS 84. CITY & STATE 85. TITLE 86. NAME 87. STREET ADDRESS 88. CITY & STATE 89. TITLE 90. NAME 91. STREET ADDRESS 92. CITY & STATE 93. TITLE 94. NAME 95. STREET ADDRESS 96. CITY & STATE 97. TITLE 98. NAME 99. STREET ADDRESS 100. CITY & STATE

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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. I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 807, Florida Statutes; and that my name appears on Block 12 or Block 13 of this report, or on an attachment with my address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-17-95