## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

(5)

LEWIS S. KIMLER, P.A.

**FILED** Jul 13 1998 8:00am Secretary of State



Principal Plac	pe of <b>Bus</b> iness	Mailing Address			. II OODIN DIONI OOONI BADAN (SEGIA 1861)	
1	AVE.: SUITE 108	499 N.W. 70TH AVE., SUITE	108			
PLANTATION F		PLANTATION FL 33317	100			
ļ				DO NOT WRITE IN TH	HIS SPACE	
				3. Date Incorporated or Qualified		
3 Dringing C	Name of Business	Do Adallia Addasos		03/13/1989		
2. Principal Place of Business  21 23 395 Davie Blud 26 2395 Davie			BloQ	4. FEI Number	Applied For	
21 3395 (Lau'ie 15/12) 26 3397 Levi Suite, Apt. #, etc.			151085	65-0118807	Not Applicable \$8.75 Additional	
22		27		5. Certificate of Status Desired	Fee Required	
City & Stat	"acoo Fla	City & State	O. Fla	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country	Zip	Country	8. This corporation owes or has paid the	<del></del>	
24 333		<u> </u>	ີ `US <b>A</b>	Personal Property Tax due June 30.	Yes No	
	9. Name and Address of Current			10. Name and Address of New Registers	ed Agent	
KIMI	LER, LEWIS		81 Name t			
AGO ANN TOTAL AND				oce (D.O. Boy Number is Not Accomedia)		
PLANTATION FL 33317				82 Street Address (P.O. Box Number is Not Acceptable)		
) · · · ·			83	J - V - S - L - V - V - V - V - V - V - V - V - V		
			24 0		7-1-1-0-4	
			B4 City	hande alle F	L 85 75 Sode (2)	
11. Pursuan	t to the provisions of sections 607.0502	and 607.1508, Florida Statutes,	the above-named corpora	ration submits this statement for the purpose of	changing its registered	
office or agent. I.	regi <b>ster</b> ed agent, or both, in the State of am <b>fami</b> liar with, and accept the obligat	if Florida. Such change was au ions of, section 607,0505. Flori	thorized by the corporatio da Statutes.	on's board of directors. I hereby accept the ap	pointment as registered	
SIGNATURE					·····	
12.	Signature, typed or printed name of registured agent a OFFICERS AND		Registered Agent algosture requi	ired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS		
TITLE	P		1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS		
NAME	KIMILER, LEWIS S.	☐ DELETE	1.2 NAME	_	Change L Addition	
STREET ADDRESS	499 NW 70TH AVE., SUITE 108		1.3 STREET ADDRESS 2	205 Denie Blud		
CITY-ST-ZIP	PLANTATION FL 33317		1.4 CITY-ST-ZIP	395 Davie Blud	33312	
TITLE	TEATINION TE GOOT	DELETE	2.1 TITLE	t. Pankarri		
NAME		[] DECE   E	2.2 NAME		Change Addition	
STREET ADDRESS	[		2.3 STREET ADDRESS			
CITY-ST-ZIP			2.4 CITY-ST-ZIP		15	
TITLE		DELETE	3.1 TITLE		Change Addition	
NAME			3.2 NAME		C Change C Madi(1011	
STREET ADDRESS	}		3.3 STREET ADDRESS		}	
CITY-ST-ZIP			3.4 CITY-ST-ZIP		į	
TITLE		DELETE	41 TITLE		Change Addition	
NAME			4.2 NAME		T Almino T Vacation	
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP			
TITLE		DELETE	5.1 TITLE		Change Addition	
NAME	· ·		5.2 NAME		<u> </u>	
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP	<b></b>		5.4 CITY-ST-ZIP			
TITLE	-	DELETE	6.1 TITLE	Special Specia		
NAME		, <del>-</del>	6.2 NAME	9 <b>0</b> 0002588: -07/14/9801061-	200 N N	
STREET ADDRESS			6.3 STREET ADDRESS	-01/14/3301051-	-052 62/1	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	***550.00	<b>\</b> /\\	
	artifut that the information supplied with the	io Elina dago not quality for the		in 110 07/31/i) Elevido Statutos I further corti	first that the information	

Indicated on this annual report or supplied with this filing does not quality for the exemption stated in section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or suppliemental 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: