

3-10-97 B-2801 C
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Mar 10 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # L75027 (7)

1. Corporation Name
KIMLARR INVESTMENTS, INC.

Principal Place of Business
C/O LARRY MARKS
12550 BISCAYNE BLVD., STE. 402
NORTH MIAMI FL 33181-2538

Mailing Address
C/O LARRY MARKS
12550 BISCAYNE BLVD., STE. 402
NORTH MIAMI FL 33181-2537

3. Date Incorporated or Qualified
05/21/1990

3a. Date of Last Report
01/30/1996

2. Principal Place of Business

21 11900 BISCAYNE BLVD.

Suite, Apt. #, etc.

22 Suite 290

City & State

23 North Miami

Zip

24 33181

Country

2a. Mailing Address

26 11900 BISCAYNE BLVD

Suite, Apt. #, etc.

27 Suite 290

City & State

28 North Miami

Zip

29 33181

Country

4. FEI Number

65-0194064

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

9. Name and Address of Current Registered Agent

MARKS, LARRY
12550 BISCAYNE BLVD.
SUITE 402
NORTH MIAMI FL 33181

10. Name and Address of New Registered Agent

81 Name
MARKS, LARRY
82 Street Address (P.O. Box Number is Not Acceptable)
11900 BISCAYNE BLVD
83 Suite 290
84 City
North Miami FL 85 Zip Code
33181

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
DP	MARKS, LARRY	12550 BISCAYNE BLVD.	NO. MIAMI FL	<input type="checkbox"/>
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
DP	MARKS, LARRY	11900 BISCAYNE BLVD #290	NORTH MIAMI, Florida 33181	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP	Change	Addition
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP	Change	Addition
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP	Change	Addition
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP	Change	Addition
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP	Change	Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/5/97

Daytime Phone #

CR2E034 (9/96)