

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # L93961 (5)

1. Corporation Name

KIMMEL & ASSOCIATES, INC.



Principal Place of Business

Mailing Address

**333 W. CAMINO GARDENS BLVD
P.O. BOX 102A
BOCA RATON FL 33432**

**333 W. CAMINO GARDENS BLVD
P.O. BOX 102A
BOCA RATON FL 33432**

3. Date Incorporated or Qualified
08/06/1990

3a. Date of Last Report
06/14/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

Applied For

65-0211476

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

Zip

Country

Zip

Country

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FRANK RACCIOPP INS
333 W CAMINO GARDEHS BLVD 102
333 CAMINO GARDENS BLVD W
BOCA RATON 33432**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **D KIMMEL, RANDYE**
STREET ADDRESS **6411 PONDAPPLE ROAD**
CITY - ST - ZIP **BOCA RATON FL**

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

**RANDYE KIMMEL
2929 S. OCEAN BLVD #316
BOCA RATON, FL 33432**

TITLE ☐ DELETE
NAME **S RUTH BUBAR**
STREET ADDRESS **333 W CAMINO GARDENS BLVD**
CITY - ST - ZIP **BOCA RATON FL**

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

TITLE ☐ DELETE
NAME **T CUFF KIMMEZ**
STREET ADDRESS **7385 DOMINCO ST**
CITY - ST - ZIP **BOCA RATON FL**

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

CLIFF KIMMEL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

14. I do 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)(k) 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

Randy Kimmel President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
RANDYE KIMMEL

7/29/96

Date

**561-
750-3747**

Daytime Phone #

CR2E034 (3/96)