PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

1999 DOCUMENT # L93961

1. Corporation Name

NAME

STREET ADDRESS

KIMMEL & ASSOCIATES, INC.

Mar 05, 1999 8:00 am Secretary of State

03-05-1999 90073 024 ***150.00



Principal Place	e of Business	Mailing Address		1 (22.12.1)		
333 W. CAMINO	GARDENS BLVD	333 W. CAMINO GARDENS BLV	'D			
102A*****		102A		DO NOT WRITE	IN THIS SPACE	
BOCA RATON F	FL 33432	BOCA RATON FL 33432			IN THIS SPACE	
US ;		US		3. Date Incorporated or Qualifed		
		T	•	08/06/1990		ind For
2. Principal Pl	lace of Business	2a, Mailing Address	Callin Ol	4. FEI Number	├	pplied For
21 578 K	CAMINO GARDENS BL	\$ 398 W. CAMINO	ratocus isu	url 65-0211476		ot Applicable
Suite, Apt.		Suite, Apt. #, etc.			T "	Additional equired
22	04A	27 /04 A	a 11			
City & State	° OT 1 ZI	City & State	7L.	6. Election Campaign Financing	• • •	May Be
23 130 CH	PAION TI	28 DOCA RAION		Trust Fund Contribution		to Fees
Zip	Country		Country	8. This corporation owes the curren	t year Intangible ☐ Yes	™No
24 334	32 25 USA	29 33432 30	<u> V5A</u>	Personal Property Tax.		MINO
	9. Name and Address of Current I	Registered Agent	81 Name	10. Name and Address of New Re	gistered Agent	
EDAI	NK RACCIOPP INS		81 Name	liff Kimmel		
,			× 82 Street A	ddress (P.O. Box Number is Not Acceptable		
`	W CAMINO GARDENS BLVD 102		1101	HAVILAND CIPCLE		
	CAMINO GARDENS BLVD W		83 201.0	Tou Bowh 71		
BOC	A RATON 33432		84 City	100 102071	85 Zip	Code
					- FL コココ	3431
	to the provisions of Sections 607,0502	and 607.1508, Florida Statutes, ti	he above-named c	corporation submits this statement for the pu	rpose of changing it	s registered
11. Pursuant	to and promotions of doctrine transfer					
office or n	egistered agent, or both, in the State of m familiar with, and accept the obligation	Florida. Such change was author ons of, Section 607.0505. Florida	rized by the corpor	ration's board of directors. I hereby accept t	ne appointment as r	egistered
	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligation	Florida. Such change was authors of, Section 607.0505, Florida	rized by the corpor	ration's board of directors. Thereby accept t	2/23/8	egistered
office or n agent. I as		L	AMO Los	quired when reinstabing)	DATE DATE	
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CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not gualify 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 emplowered 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 an an attachment with an address, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP