

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 05, 1999 8:00 am
Secretary of State

03-05-1999 90073 024 ***150.00

DOCUMENT # L93961

1. Corporation Name
KIMMEL & ASSOCIATES, INC.

Principal Place of Business
333 W. CAMINO GARDENS BLVD
102A
BOCA RATON FL 33432
US

Mailing Address
333 W. CAMINO GARDENS BLVD
102A
BOCA RATON FL 33432
US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
08/06/1990

4. FEI Number
65-0211476

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing ☐ \$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business
21 398 W CAMINO GARDENS BLVD
Suite, Apt. #, etc.

2a. Mailing Address
26 398 W CAMINO GARDENS BLVD
Suite, Apt. #, etc.

22 104A

27 104A

23 BOCA RATON FL

28 BOCA RATON FL

24 33432

29 33432

25 USA

30 USA

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name CLIFF Kimmel
82 Street Address (P.O. Box Number is Not Acceptable)
7181 HAVILAND Circle
83 BOYNTON BEACH FL
84 City FL 85 Zip Code 33437

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 X CLIFF Kimmel

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

DATE 2/23/99

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE D
NAME KIMMEL, RANDYE
STREET ADDRESS 2929 S OCEAN BLVD #316
CITY-ST-ZIP BOCA RATON FL

TITLE T
NAME KIMMEL, CLIFF
STREET ADDRESS 7385 DOMINCO ST
CITY-ST-ZIP BOCA RATON FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE: X [Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE 2/23/99 (561) 750-3747

DATE Daytime Phone #

CR2E034 (11/98)