

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **M94650** (2)

1. Corporation Name

KIMBERLY CENTRES, INC.



Principal Place of Business

% ROBERT LEE SHAPIRO
400 AUSTRALIAN AVE. S. STE. 300
W PALM BEACH FL 33401

Mailing Address

% RAMPPELL & RAMPPELL, P.A.
777 SOUTH FLAGLER DRIVE, STE. 709
WEST PALM BEACH FL 33401-6168
*122 NORTH COUNTY ROAD
PALM BEACH, FL 33480*

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

RAMPPELL & RAMPPELL P.A.
777 SOUTH FLAGLER DRIVE
STE. 709
W PALM BEACH FL 33401-6168

3. Date Incorporated or Qualified

08/15/1988

3a. Date of Last Report

10/30/1995

4. FEI Number

65-0098864

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

10. Name and Address of New Registered Agent

81 Name

RAMPPELL & RAMPPELL, P.A.

82 Street Address (P.O. Box Number is Not Acceptable)

122 NORTH COUNTY ROAD

83

84 City

PALM BEACH

FL

85 Zip Code

33480

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 first filing)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME P
STREET ADDRESS COOPER, JEROME S
CITY-ST-ZIP 80 BLOOR ST. W., STE. 302
TORONTO, CAN. M4W3B-8

TITLE ☐ DELETE
NAME ST
STREET ADDRESS HYMAN, GERALD D
CITY-ST-ZIP 60 BLOOR ST. W., STE. 302
TORONTO, CAN M4W3B-8

TITLE ☐ DELETE
NAME V
STREET ADDRESS ROSENBERG, ALVIN B
CITY-ST-ZIP 60 BLOOR STR. W., STE. 302
TORONTO, CAN M4W3B-8

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

6.4 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 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

3/8/96

416-925-3557

DATE

Daytime Phone #

CR2E034 (12/95)