CORPORATION
ANNUAL REPORT

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

FILED
97 JUL 10 AM 5:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M94650

1. Corporation Name

KIMBERLY CENTRES, INC.

Principal Place of Business

c/o Robert Lee Shapiro
400 Australian Ave. S.,
Ste. 300
W Palm Beach, FL 33401

Mailing Address

c/o Rampell & Rampell, P.A.
777 South Flagler Drive, Ste. 709
West Palm Beach, FL 33401

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/15/1988	3a. Date of Last Report: 03/28/1996
2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28)
Country (24 / 25)	Zip (29) / Country (30)
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	

9. Name and Address of Current Registered Agent

Rampell & Rampell, PA.
122 North County Road
Ste 709
Palm Beach, FL 33480

10. Name and Address of New Registered Agent

81 Name: same ←
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 _____ DATE _____
(If changing, type or print name of registered agent and title if applicable) (NOTE: Registered Agent signature required when changing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☐ Change ☐ Addition
NAME	Cooper, Jerome S.	12 NAME	
STREET ADDRESS	60 Bloor St., W., Ste. 302	13 STREET ADDRESS	
CITY-ST-ZIP	Toronto, Can., M4W3B-8	14 CITY-ST-ZIP	
TITLE	ST	21 TITLE	☐ Change ☐ Addition
NAME	Hyman, Gerald D	22 NAME	
STREET ADDRESS	60 Bloor St., W., Ste. 302	23 STREET ADDRESS	
CITY-ST-ZIP	Toronto, Can, M4W3B-8	24 CITY-ST-ZIP	
TITLE	V	31 TITLE	☐ Change ☐ Addition
NAME	Rosenberg, Alvin B	32 NAME	
STREET ADDRESS	60 Bloor Str. W., Ste. 302	33 STREET ADDRESS	
CITY-ST-ZIP	Toronto, Can, M4W3B-8	34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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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: _____ 4/14/97 416-925-3557