

FILED

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1997**



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

1. Corporation Name  
**KIM CISCO, L.M.T., INC.**

Principal Place of Business	Mailing Address
1045 E. OCEAN BLVD. SUITE #1 STUART FL 34996 US	1045 E. OCEAN BLVD. SUITE #1 STUART FL 34996-2515 US

<b>3. Date Incorporated or Qualified</b> 02/26/1993	<b>3a. Date of Last Report</b> 02/09/1996
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2. Principal Place of Business		2a. Mailing Address	
21	2998 SW. SUNSET TRACE Suite, Apt. #, etc.	26	P.O. Box 1531 Suite, Apt. #, etc.

4. FEI Number	Applied For
65-0381857	Not Applicable

22 27

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

23	City & State PALM CITY FL
28	City & State PALM CITY FL

**6. Election Campaign Financing** **\$5.00** May Be  
Trust Fund Contribution ☐ Added to Fees

24	Zip 34990	Country	29	Zip 34991-1531	Country
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8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent		81	Name
CISCO, KIM		82	Street
1045 E. OCEAN BLVD.		83	29
SUITE #1			
STUART FL 34996			

10. Name and Address of New Registered Agent

SW SUNSET TRACE CIR.

City FL 85 Zip Code 34990

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 entering into, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature of the duly qualified and licensed agent and filer applicable

(NOTE: Registered Agent signature required when reinstating)

**DAT**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY - ST - ZIP		1.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do 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.

**SIGNATURE:**

*Sam Craven*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dal

Daytime Phone #

— 221 —

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