

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

CORPORATION  
ANNUAL REPORT  
1995



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

FILED

95 MAY -1 AM 10:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000043023 (8)**

1. Corporation Name  
**AMY & KIM, INC.**

Principal Place of Business  
**10271 W. SAMPLE ROAD  
RODEO PLAZA  
CORAL SPRINGS FL 33065**

Mailing Address  
**10271 W. SAMPLE ROAD  
RODEO PLAZA  
CORAL SPRINGS FL 33065**

DO NOT WRITE IN THIS SPACE

|                                                                                                                                                             |                                                        |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| 3. Date Incorporated or Qualified<br><b>06/09/1994</b>                                                                                                      | 3a. Date of Last Report                                |
| 4. FEI Number<br><b>65-0496451</b>                                                                                                                          | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                   | <b>\$8.75 Additional Fee Required</b>                  |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>                                                                             | <b>\$5.00 May Be Added to Fees</b>                     |
| 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                                        |

|                                |                         |
|--------------------------------|-------------------------|
| 2. Principal Place of Business | 2a. Mailing Address     |
| 21. Suite, Apt. #, etc.        | 26. Suite, Apt. #, etc. |
| 22. City & State               | 27. City & State        |
| 23. Zip                        | 28. Zip                 |
| 24. Country                    | 29. Country             |
| 25. Country                    | 30. Country             |

|                                                                                                                                                      |                                                                                                                                                                                                                                                       |
|------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 9. Name and Address of Current Registered Agent<br><b>LAW FIRM OF LAWRENCE J. SPIEGEL CHARTERED<br/>343 ALMERIA AVENUE<br/>CORAL GABLES FL 33134</b> | 10. Name and Address of New Registered Agent<br>81. Name <b>Kim M. Tibbits</b><br>82. Street Address (P.O. Box Number is Not Acceptable) <b>10271 W. Sample Road Rodeo Plaza</b><br>83.<br>84. City <b>CORAL SPRINGS</b> FL 85. Zip Code <b>33134</b> |
|------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

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 a registered agent under Section 607.0505, Florida Statutes.

SIGNATURE *Kim M. Tibbits*

5-5-95

| 12. OFFICERS AND DIRECTORS |                                          | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                                                              |
|----------------------------|------------------------------------------|-------------------------------------------------------|------------------------------------------------------------------------------|
| TITLE                      | P                                        | 1. TITLE                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | <b>TIBBITS, KIM M</b>                    | 2. NAME                                               |                                                                              |
| STREET ADDRESS             | <b>10271 W. SAMPLE ROAD, RODEO PLAZA</b> | 3. STREET ADDRESS                                     |                                                                              |
| CITY, ST, ZIP              | <b>CORAL SPRINGS FL 33065</b>            | 4. CITY, ST, ZIP                                      |                                                                              |
| TITLE                      |                                          | 21. TITLE                                             | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       | <b>Amy Lewis</b>                         | 22. NAME                                              | <b>Amy Lewis</b>                                                             |
| STREET ADDRESS             | <b>8541 N.W. 49TH ST.</b>                | 23. STREET ADDRESS                                    | <b>8541 N.W. 49TH ST.</b>                                                    |
| CITY, ST, ZIP              | <b>LAuder Hill FL 33351</b>              | 24. CITY, ST, ZIP                                     | <b>LAUDERHILL, FL 33351</b>                                                  |
| TITLE                      |                                          | 31. TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                                          | 32. NAME                                              |                                                                              |
| STREET ADDRESS             |                                          | 33. STREET ADDRESS                                    |                                                                              |
| CITY, ST, ZIP              |                                          | 34. CITY, ST, ZIP                                     |                                                                              |
| TITLE                      |                                          | 41. TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                                          | 42. NAME                                              |                                                                              |
| STREET ADDRESS             |                                          | 43. STREET ADDRESS                                    |                                                                              |
| CITY, ST, ZIP              |                                          | 44. CITY, ST, ZIP                                     |                                                                              |
| TITLE                      |                                          | 51. TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                                          | 52. NAME                                              |                                                                              |
| STREET ADDRESS             |                                          | 53. STREET ADDRESS                                    |                                                                              |
| CITY, ST, ZIP              |                                          | 54. CITY, ST, ZIP                                     |                                                                              |
| TITLE                      |                                          | 61. TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                                          | 62. NAME                                              |                                                                              |
| STREET ADDRESS             |                                          | 63. STREET ADDRESS                                    |                                                                              |
| CITY, ST, ZIP              |                                          | 64. 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 110.07(3)(b), 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 amendment with an address.

SIGNATURE: X *Kim M. Tibbits*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-17-95