

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000077724 (0)

1. Corporation Name
KIMANDY, INC.



Principal Place of Business

3939 NE 5TH AVENUE
STE. D102
BOCA RATON FL 33431-4551

Mailing Address

3939 NE 5TH AVENUE
STE. D102
BOCA RATON FL 33431-4551

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip 30 Country

g. Name and Address of Current Registered Agent

MOORE, W R ESQ.
4800 NO. FEDERAL HIGHWAY STE. 210-A
BOCA RATON FL 33431

3. Date Incorporated or Qualified
10/20/1994

3a. Date of Last Report
04/25/1995

4. FEI Number

65-0525386

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

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

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

(NOTE: Registered Agent's signature required when removing

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME SPIELVOGEL, HERMAN
STREET ADDRESS 2380 BLACK OLIVE BLVD. STE. 103
CITY-ST-ZIP DELRAY BEACH FL 33445

TITLE D ☐ DELETE
NAME SPIELVOGEL, GERTRUDE
STREET ADDRESS 2380 BLACK OLIVE BLVD. STE. 103
CITY-ST-ZIP DELRAY BEACH FL 33445

TITLE PVT ☐ DELETE
NAME SPIELVOGEL, MARK
STREET ADDRESS 3939 NE 5TH AVENUE SUITE D102
CITY-ST-ZIP BOCA RATON FL

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

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 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: *Mark Spielvogel* MARK SPIELVOGEL
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-28-96 407-750-7834
Date Date/Time Phone #

CR2E034 (12/95)