## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P9500009448

KIMBERLY ARMSTRONG DESIGN, INC.

l	
Principal Place of Business	Mailing Address
3007 C SAN CLARA DR	3007 C SAN CLARA DR

## **FILED** Feb 10, 1999 8:00am Secretary of State 02-10-1999 90077 027 \*\*\*150.00



Principal Place of Business Mailing Address		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,								
3007 C SAN CLARA DR         3007 C SAN CLARA DR           DELRAY BEACH FL 33445         DELRAY BEACH FL 33445										
]							DO NOT WRI	TE IN THIS	SPACE	
							rated or Qualifed			
						01/31/199	<u>5                                    </u>			
2. Principal P	Place of Business	2a. Ma	ailing Address			4. FEI Number			Ar	plied For
21		26				65-055408	33			ot Applicable
Suite, Apt.	e, Apt. #, etc. Suite, Apt. #, etc.				5. Certifcate of Status Desired			\$8.75 Additional Fee Required		
City & Stat	te	Ci	ity & State			6. Election Cam	paign Financing		\$5.00	May Be
23		28				Trust Fund C		. 🗆		to Fees
Zip	Country	Zip	р	Country	/	8. This corporation owes the current year Intangible			angible	
24	25	29		30		Personal Pro	perty Tax.		Yes	□No
	9. Name and Address of Curren	nt Registere	ed Agent		,	10. Name and A	ddress of New F	egistered /	Agent	
ADM	IOTOONO VINDEDLY	,		81	Name		•			•
	ISTRONG, KIMBERLY 7 C SAN CLARA DR			82	Street Ac	idress (P.O. Box Numb	er is Not Accepta	ble)		
DELI	Ray Beach FL 33445			83	<del>                                     </del>	197				100 60 100
				84	Cit.	1 (1 mg/s 2 mg/s	<b>张子\$</b> 罗斯森高度	1200	318 EH 3126	101 107 103
İ.,				04	City			FL	85 Zip	Code
office or r	to the provisions of Sections 607.050; egistered agent, or both, in the State	of Florida. S	Such change was aut	thorized by	e-named co	prporation submits this ation's board of director	statement for the	purpose of o	changing its	registered gistered
agent. I a	m familiar with, and accept the obligation	itions of, Se	ection 607.0505, Florid	da Statutes	3.					
agent. I a	m familiar with, and accept the obligat	itions of, Se			· •					
SIGNATURE	Signature, typed or printed name of registered agen	nt and title if app	olicable. (NOTE: R	Registered Age	· •	uired when reinstating) { - ; - ; - ; - ;	<del></del>	DATE		
SIGNATURE	Signature, typed or printed name of registered agen	nt and title if app	olicable. (NOTE: R	Registered Age	· •	ADDITIONS/C	HANGES TO OF			
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SIGNATURE  12. TITLE NAME	Signature, typed or printed name of registered agen OFFICERS AN P ARMSTRONG, KIMBERLY	nt and title if app	olicable. (NOTE: R	13. 1.1 TITLE 1.2 NAME	nt signature requ	ADDITIONS/C	HANGES TO OF			
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14. I 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, with all other like empowered.

SIGNATURE: