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

Maling Address

**PROFIT CORPORATION ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P95000025920

IVAN KAIMAN LMHC, INC.

Principal Place of Business

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

931 S.W. 35T BOYNTON BE	H COURT ACH FL 33435	931 S.W. 35TH COURT BOYNTON BEACH FL 33	435-8518					
					3. Date Incorporated or Qualified 03/22/1995	3a. Date of 04/17/1	•	
<del></del> -	Place of Business	2a. Mailing Address			4, FEI Number		Applied For	
21 26					65-0573790		Not Applicable	
Suite, Apt		Suite, Apt #, etc.		5. Certificate of Status Desired See Required \$8.75 Additional Fee Required				
City & Sta		City & State			Election Campaign Financing Trust Fund Contribution		5.00 May Be Added to Fees	
Zip 24	Country 25	29 Zip	Count	′y	L	] Yes 📋 No		
	g, Name and Address of Current	Registered Agent		- <b>-</b>	10. Name and Address of New Reg	jistered Agen		
KAIMAN, IVAN				1 Name				
931 S.W. 35TH COURT BOYNTON BEACH FL 33435			8:	Street Add	Address (P.O. Box Number is Not Acceptable)			
			8:	3				
			84	City		85	Zip Code	
	<del></del>		]	J	poration submits this statement for the po	FL  °°		
Onice or i	registered agent, or both, in the State of manifilar with, and accept the obligate stage of registered agent.	or Fronda, Such change was tions of, Section 607,0505, Fi	authorized t Iorida Statute	ny the corpora os.	tion's board of directors. Thereby accept	the appointment	enl as registered	
12.	OFFICERS AND	DIRECTORS	13.	•••	ADDITIONS/CHANGES TO OFFICE	ERS AND DIRE	CTORS IN 12	
TITLE	D	DELFTE	1.1 Till) f				hange 🔲 Addition	
NAME	KAIMAN, IVAN		1.2 NAME					
STREET ADDRESS	931 S.W. 35TH COURT		1.3 STREE	I ADDRESS				
CITY-ST-ZiP	BOYNTON BEACH FL 33435		1.4 CITY -	ST- ZIP				
TITLE		DELETE 213				C	hange 🔲 Addition	
NAME			2.2 NAME					
STREET ADDRESS			2.3 STREE	T ADDRESS				
CITY-ST-ZIP			2 4 CITY	ST - 7/P				
TITLE		□ DELL1€	3 1 111(1			Ci	hange 🔲 Addition	
NAME			3.2 NAME					
STREET ADDRESS			3.3 STREE	LADDRESS				
CITY-ST-ZIP			3.4 CHY-	S1- 210		1		
TITLE		☐ DELETE	4.1 TILLE			□ ci	nange	
NAME			4 2 NAM4					

14. I do hereby certify that the information supplied with this thing 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

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CHY - \$1 - ZIP

4.4 CHY - \$1 - 7IP

5 1 100

5.2 NAME

**6.1 101LE** 

6.2 NAME

DELETE

DELLIE

Mar 18 1997 8:00am Secretary of State

Change

Addition

Addition