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

**PROFIT** CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE.

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #	P95000058452	(0)
Corgovation Name		

KIMLYN INTERNATIONAL CORPORATION Mailing Address Principal Place of Business

2901 NO. DALE	E MABRY HIGHWAY STE 1106 07	2901 NO. DALE MA TAMPA FL 33607	BRY HIGHWAY STE 1106			
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				3. Date Incorporated or Qual 07/28/1995	fied <b>3a.</b> D	ate of Last Report
	THE AS ABOVE 26 SAME AS ABOVE		AS ABOUT	4. FEI Number 59 332736	<u>,5</u>	Applied For Not Applicable
Suite, Apt. #.		Suite, Apt #, etc		5. Certificate of Status Desire	ed 👿	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Finance Trust Fund Contribution	ing 🖂	\$5.00 May Be Added to Fees
Zip	Country 25	Zip 29	Gountry 30		🛮 Yes 🔲 No	
24	9. Name and Address of Curr	L.,		10. Name and Address of I	lew Register	ed Agent
IBANEZ, EDGAR B 2901 NO. DALE MABRY HIGHWAY STE 1106 TAMPA FL 33607		83	et Address (P.O. Box Number is Not Acc	ceptable)	85 Zip Code	
or registere familiar wit	ed agent, or both, in the State of Hi th, and accept the obligations of, So 	orida: Such change was aut ection 607.0505, Florida Sta	tutes.	corporation submits this statement for his board of directors. Thereby accept the	the nurroose of	changing its registered offici it as registered agent. I am
	Stretche by exterported near of negations of		mont Registered Agest Supati ■ 13.	ADDITIONS/CHANGES T		··
12.		AND DIRECTORS				Change Addition
TITLE	D DENNICO DENNICI	[] b.t	1.2 NAM			
NAME	MANINGO, DENNIS L	ADT 0	1.3 STEEF LADORE	$R_{I}U_{I}$		
STREET ADDRESS	1223 GOLD FINCH DRIVE	ATI. O	i i	ng		
DITY-ST-7IP	PLANT CITY FL 33566		1.4 CHY - ST - ZIP			Change  Addition

SIGNATURE _	Signature types for partied nonce of registeres argent and the stay plant	' monthes	jeden al Agest Sajnába a ter	dated wield to statistic
12.	OFFICERS AND DIRECTORS	3	13.	ADDITIONS: CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	☐ DELFIE	1 1 THUE	Change Addition
NAME	MANINGO, DENNIS L		1.2 NAME	$\theta_{ILI}$
STREET ADDRESS	1223 GOLD FINCH DRIVE APT. 8		1.3 STELLET ADDRESS	121
CITY-ST-ZIP	PLANT CITY FL 33566	1	1.4 CHY - ST - ZIF	T Addison
TITLE	D	DELETE	2 1 T.H.E	☐ Change ☐ Addition
NAME	IBANEZ, EDGAR B		2.2 NAME	NH
STREET ADURESS	13300 NEPTUNE DRIVE		2.3 STREET ADDRESS	10/
City-St-Zip	HUDSON FL 34667		2.4.0(fY-\$f-ZIP	
TUTLE		DELETE	3 1 L'LE	Change Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
			34 CITY ST-ZIP	
CITY - ST - ZIP TITLE		[] DELETE	4 ¹ Ti' Lf	Change Addition
			4.2 NAME	
NAME			4.3 STREET ADORESS	
STREET ADDRESS			4.4 Cily - ST 7:P	
CITY-ST ZIP		DELETE	5 1 DILE	Change Addition
TITLE			5 2 NAME	
NAME		i e	5.3 STREET ADDRESS	
STREET ADDRESS			5.4 Ci** - S* - Zif*	
CITY-ST-ZIP		[] DELETE	6 1 Till.6	Change Addition
TITLE			6.2 NAME	
NAME			6.3 STREET ADDRESS	
STREET ADDRESS			64 CITY - ST 712	
CITY - ST - ZIP		The standard of any object	d and page not cut	railfy for the exemption stated in Section 119.07(3)(k), Florida Statutes, I further

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and ones not qualify for the exemption stated in Soction 119.07(3)(k). Florida Statutes. I further the first the information indicated on this firmual report or supplemental annual report is true and accurate and that my signature shall have the same logal effect as if made under outly that I am an officer or director of the disponation 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 additions.

SIGNATURE:

SIGNATURE AND TYPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR