

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

FILED
Apr 28 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000087684 (2)

1. Corporation Name
KIMBERCO DEVELOPMENT, INC.

Principal Place of Business

7870 CANYON LAKE CIR
ORLANDO FL 32835
US

Mailing Address

P.O. BOX 617131
ORLANDO FL 32861
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/22/1996	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-3420140	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Zip	7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

HAUPT, JAMIE
5231 TIMBERVIEW TERRACE
ORLANDO FL 32819

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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 signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12.	TITLE	D	1.1 TITLE	
	NAME	MOODY, D. DAVID	1.2 NAME	
	STREET ADDRESS	P.O. BOX 617131 (NA)	1.3 STREET ADDRESS	
	CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP	
	TITLE		2.1 TITLE	
	NAME		2.2 NAME	
	STREET ADDRESS		2.3 STREET ADDRESS	
	CITY-ST-ZIP		2.4 CITY-ST-ZIP	
	TITLE		3.1 TITLE	
	NAME		3.2 NAME	
	STREET ADDRESS		3.3 STREET ADDRESS	
	CITY-ST-ZIP		3.4 CITY-ST-ZIP	
	TITLE		4.1 TITLE	
	NAME		4.2 NAME	
	STREET ADDRESS		4.3 STREET ADDRESS	
	CITY-ST-ZIP		4.4 CITY-ST-ZIP	
	TITLE		5.1 TITLE	
	NAME		5.2 NAME	
	STREET ADDRESS		5.3 STREET ADDRESS	
	CITY-ST-ZIP		5.4 CITY-ST-ZIP	
	TITLE		6.1 TITLE	
	NAME		6.2 NAME	
	STREET ADDRESS		6.3 STREET ADDRESS	
	CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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.

SIGNATURE:

DAVID MOODY

DAVID MOODY

4-17-98 (407) 291-8009

CR2E034 (10/97)