

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

FILED
Mar 17, 1999 8:00 am
Secretary of State

03-17-1999 90050 009 ***150.00

DOCUMENT # P96000096717

1. Corporation Name

KIM & MARK TEAM INC.



Principal Place of Business

Mailing Address

4912 NW 99TH LANE
CORAL SPRINGS FL 33076

4912 NW 99TH LANE
CORAL SPRINGS FL 33076

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/27/1996

2. Principal Place of Business

21 9147 Ramblewood Dr.

2a. Mailing Address

26 9147 Ramblewood Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 221

27 221

City & State

City & State

23 Coral Springs, FL

28 Coral Springs, FL

Zip

Zip

24 33071

25 Broward

29 33071

30 Broward

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JENSEN, ROBERT C
5979 NW 151 STREET
SUITE 208
MIAMI LAKES FL 33014

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 signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME KENNY, FRANK M
STREET ADDRESS 4912 NW 99TH LANE
CITY-ST-ZIP CORAL SPRINGS FL 33076

TITLE V ☐ DELETE

NAME KENNY, KIMBERLY J
STREET ADDRESS 4912 NW 99TH LANE
CITY-ST-ZIP CORAL SPRINGS FL 33076

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS 9147 Ramblewood Dr. #221
1.4 CITY-ST-ZIP Coral Springs, FL 33071

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS 9147 Ramblewood Dr. #221
2.4 CITY-ST-ZIP Coral Springs, FL 33071

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
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, with all other like empowered.

SIGNATURE: Frank M. Kenny

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/17/99 954-340-8929

Date Daytime Phone #

CR2E034 (11/98)

017608