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

PROFIT CORPORATION ANNUAL REPORT

1**9**98

1



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000035780 (0)

KIMBERLY OF SARASOTA, INC.

FILED May 28 1998 8:00am Secretary of State



Mailing Address Principal Place of Business 796 S. ORANGE AVE. 786 S. ORANGE AVE. BARASOTA FL 34236 SARASOTA FL 34236 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/22/1997 2, Principal Place of Business 2a. Mailing Address FEI Number Applied For 30-0<u>00-000</u> 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 27 Fee Required City & State City & State 6. Election Campaign Financing **\$5.00** May Be \Box 23 28 Trust Fund Contribution Added to Fees Žio Country Zip Country 8. This corporation owes or has paid the current year Intangible 29 30 Personal Property Tax due June 30. Yes ☐ No 24 25 10. Name and Address of New Registered Agent 9, Name and Address of Current Registered Agent Name CASWELL & HARRIS, P.A. 1215 N. PALM AVE. 82 Street Address (P.O. Box Number is Not Acceptable) **SARASOTA FL 34236** 83 84 City 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) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 OFFICERS AND DIRECTORS 13. Addition DELETE Change TITLE 1 3 TITLE MAJER, SIEGFRIED NAME 1.2 NAME 788 S. ORANGE AVE. STREET ADDRESS 1.3 STREET ADDRESS ARASOTA FL 34238 1.4 CITY - ST- ZIP CITY-ST-ZIP DELETE ☐ Change ■ Addition TITLE 2.1 TITLE **EDELSBACHER, GUENTHER** NAME 2.2 NAME 786 S. ORANGE AVE. STREET ADDRESS 2.3 STREET ADDRESS SARASOTA FL 34236 CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Addition 3.1 TITLE Change TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Change ... Addition TITLE 4.1 TITLE 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-Z# 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS **5.3 STREET ADDRESS** CITY-ST-ZIP 5.4 CITY - ST - ZiP DELETE Change Addition 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.

000

(4-12-art

941-GM-6227