

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 24, 1999 8:00 am
Secretary of State

03-24-1999 90049 044 ***158.75

DOCUMENT # P97000075369

1. Corporation Name
DONNA KIM COMPANY, INC.

Principal Place of Business
1060 S. FEDERAL HWY
SUITE A
DELRAY BEACH FL 33444
US

Mailing Address
680 LAVERS CIRCLE, #111
DELRAY BEACH FL 33444

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
08/28/1997

4. FEI Number 65-0741997
Applied For
Not Applicable

Certificate of Status Desired ☒ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees

8. This corporation owes the current year intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business
21 100 E. SAMPLE RD.

2a. Mailing Address
26 SAME AS

Suite, Apt. #, etc.
22 STE 210

Suite, Apt. #, etc.
27 PLACE OF BUSINESS

City & State
23 POMPANO BEACH

City & State
28

Zip
24 33064

Country
25 BROWARD

Zip
29

Country
30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TINGCANG-KIM, DONNA
680 LAVERS CIRCLE, #111
DELRAY BEACH FL 33444

81 Name DONNA TINGCANG-KIM

82 Street Address (P.O. Box Number is Not Acceptable)
1730 S. FEDERAL HWY.

83 STB #174

84 City DELRAY BEACH

FL

85 Zip Code 33483

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 Donna M. Tincang-Kim 3/17/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE
NAME SOTTILE, PAT
STREET ADDRESS 7491 S. FEDERAL HWY. C-5 #153
CITY-ST-ZIP BOCA RATON FL 33487

1.1 TITLE PRESIDENT ☒ Change ☐ Addition
1.2 NAME SOTTILE, PAT
1.3 STREET ADDRESS 1730 S. FEDERAL HWY STE. #174
1.4 CITY-ST-ZIP DELRAY BEACH, FL 33483

TITLE VTD ☐ DELETE
NAME TINGCANG-KIM, DONNA M
STREET ADDRESS 680 LAVERS CIRCLE, #111
CITY-ST-ZIP DELRAY BEACH FL 33444

2.1 TITLE V.T.D. ☒ Change ☐ Addition
2.2 NAME TINGCANG-KIM, DONNA
2.3 STREET ADDRESS 1730 S. FEDERAL HWY STE. #174
2.4 CITY-ST-ZIP DELRAY BEACH, FL 33483

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
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 Donna M. Tincang-Kim
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 17, 1999 954-7842447
Date Daytime Phone #

0372309

CR2E034 (11/98)