## 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

## DOCUMENT # P9800005397 1. Corporation Name

KIRBY-KIBBLEWHITE, INC.

## FILED May 04, 1999 8:00 am Secretary of State

05-04-1999 90056 045 \*\*\*150.00



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Principal Place of Business		Mai	Mailing Address				- ( )0021000 ((0 3010) (0)14 0	Alfi Adalf Adalt Adal		AIII: 1881 1881	
9 SW 19TH STREET FORT LAUDERDALE FL 33315		9 SW 13TH STREET									
		FOR	FORT LAUDERDALE FL 33315				DO NOT WRITE IN THIS SPACE				
							3. Date Incorporated or Qua		3 SFACE		
							01/20/1998	illed			
2 Principal D	aco of Rusinose	<b>⊤</b> 2a	Mailing Address				4 FEI Number	<del></del>	Apr	olied For	
2. Principal Place of Business			26			65-081	0069	<u> </u>	Applicable		
Suite, Apt. #, etc.			Suite, Apt. #, etc.						\$8.75 A		
22		27	27			5. Certifcate of Status Desir	ed	Fee Re	quired	~	
City & State			City & State			6. Election Campaign Finan	cing []	\$5.00	May Be		
23		28				<del></del>	Trust Fund Contribution		Added to	Fees	
Zip	Country		Zip	Cou	intry		8. This corporation owes the	current year t			
24	25	29		30	,		Personal Property Tax.	I D- eletere	<del></del>	□No	
	9. Name and Address of Current	t Registe	ered Agent		81	Name	10. Name and Address of N	iew Registere	a Agent	<del></del>	
HOIL	NSON, SEAN A				3.	Name		<u></u>			
9 SW 13TH STREET						Street Addres	ess (P.O. Box Number is Not Acceptable)				
	T LAUDERDALE FL 33315				83						
									<del> </del>		
					84	City		F	85 Zip C	ode	
11 Pursuant	to the provisions of Sections 607.0502	2 and 60	7 1508 Florida Statute	s. the a	bove-	named corpor	ration submits this statement for	or the purpose of	of changing its	registered	
office or re	egistered agent, or both, in the State o	of Florida	a. Such change was au	thorized	d by t	he corporation	n's board of directors. I hereby	accept the app	ointment as reç	jistered	
agent. I ai	m familiar with, and accept the obligat	ons of	Section 607.0505, Flon	Da Siaii	uies.					{	
SIGNATURE	Signature, typed or printed name of registered agent	t and title if	applicable. (NOTE: I	Registered	Agent	signature required v	when reinstating)	DATE			ć
12.	OFFICERS AN			13.			ADDITIONS/CHANGES TO	OFFICERS /	AND DIRECTO		Š
TITLE	PD		☐ DELETE	1.1 Π	TLE				☐ Change	Addition \	3
NAME	KIRBY, DAVID			1.2 NA	AME					{	3
STREET ADDRESS	9 SW 13TH STREET			1.3 ST	TREET	ADDRESS					Ļ
CITY-ST-ZIP	FORT LAUDERDALE FL 33315				1.4 CITY-ST-ZIP		<u> </u>				ç
TITLE	VPD		☐ DELETE	2.1 TI	πE	1			☐ Change	☐ Addition	١
NAME	KIRBY, LISA	KIRBY, LISA									
STREET ADDRESS	9 SW 13TH STREET			2.2 N	AME					ĺ	
CITY-ST-ZIP						ADDRESS					
	FORT LAUDERDALE FL 33315			2.3 ST 2.4 C	TREET	ļ		<u> </u>		Addition	
MLE				2.3 S1 2.4 C	TREET A CITY-ST TLE	ļ	e i		☐ Change	Addition	
NAMÉ .			DELETE	2.3 ST 2.4 C 3.1 TI 3.2 N/	TREET A CITY-ST TLE AME	r-ZIP	<u>:</u>			Addition	
1			DELETE	2.3 ST 2.4 C 3.1 T/ 3.2 N/ 3.3 ST	TREET AND TREET	ADDRESS				Addition	
NAME STREET ADDRESS CITY-ST-ZIP				2.3 ST 2.4 C 3.1 TI 3.2 N/ 3.3 ST 3.4. C	TREET ATLE  AME  TREET ATTENTATION	ADDRESS			☐ Change		
NAME STREET ADDRESS CITY-ST-ZIP TITLE			☐ DELETE	2.3 ST 2.4 C 3.1 T/ 3.2 N/ 3.3 ST 3.4. C 4.1 T/	TREET AND THE TR	ADDRESS				Addition Addition	٠:
NAME STREET ADORESS CITY-ST-ZIP TITLE NAME				2.3 ST 2.4 C 3.1 TI 3.2 N/ 3.3 ST 3.4. C 4.1 TI 4.2 N/	TREET AME TREET AME TREET AME TREET AME TREET AME	ADDRESS	· · · · · · · · · · · · · · · · · · ·		☐ Change		
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NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ DELETE	2.3 ST 2.4 C 3.1 TI 3.2 N 3.3 ST 3.4 C 4.1 TI 4.2 N 4.3 ST 4.4 Cl 5.1 TI 5.2 N 5.3 ST 5.4 Cl 6.1 TI 6.2 N	TREET, TILE  AME TREET, TILE  AME TREET, TILE  AME TREET, TIY-ST  TILE TREET, TIY-ST  TITLE  AME TREET, TIY-ST  TITLE  AME TREET, TIY-ST  TITLE  AME	ADDRESS F-ZIP  ADDRESS -ZIP  ADDRESS			☐ Change ☐ Change ☐ Change	Addition	,

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 pool of 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 chapter or on an attachment with an address, with all other like empowered.

SIGNATURE: