**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1996.**
**AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)**

PROFIT CORPORATION ANNUAL REPORT
**1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

**FILED**
**95 JUL 19 AM 10:55**
**SECRETARY OF STATE**
**TALLAHASSEE FLORIDA**

DOCUMENT # **V33556** **(4)**

1. Corporation Name
**CAMILLE L. KIESER, INC.**

DO NOT WRITE IN THIS SPACE.

| Principal Place of Business | Mailing Address |
|---|---|
| 4314 N.W. 9TH AVE.<br>BLDG. 3-3E<br>POMPANO BEACH FL 33064-1740 | 4314 N.W. 9TH AVE.<br>BLDG. 3-3E<br>POMPANO BEACH FL 33064-1740 |

3. Date Incorporated or Qualified: 04/28/1992
3a. Date of Last Report: 09/27/1994

2. Principal Place of Business
21: 8781 Forest Hills Blvd
Suite, Apt. #, etc. 22: n/a
City & State 23: Coral Springs FL
Zip 24: 33065 Country 25: USA

2a. Mailing Address
26: Same
Suite, Apt. #, etc. 27: n/a
City & State 28: Same
Zip 29: 33065 Country 30: USA

4. FEI Number: 65-0326515 Correct # 66-032.6515 ☑ Applied For ☐ Not Applicable

5. 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

KIESER, CAMILLE L.
4314 N.W. 9TH AVE.
BLDG 3-3E
POMPANO BEACH FL 33064-1740

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 8781 Forest Hills Blvd
83
84 City: Coral Spgs FL 85 Zip Code: 33065

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: Camille L. Kieser Camille L. Kieser — 6/13/95
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 | PST | 1.1 TITLE | ☐ Change ☐ Addition |
| NAME | KIESER, CAMILLE L. | 1.2 NAME | |
| STREET ADDRESS | 4314 N.W. 9TH AVE. 3-3E | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | POMPANO BEACH FL | 1.4 CITY-ST-ZIP | |
| TITLE | D | 2.1 TITLE | ☐ Change ☐ Addition |
| NAME | KIESER, CAMILLE L. | 2.2 NAME | |
| STREET ADDRESS | 4314 N.W. 9TH AVE. 3-3E | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | POMPANO BEACH FL | 2.4 CITY-ST-ZIP | |
| TITLE | | 3.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| TITLE | | 4.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | | 5.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | | 6.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

CR2E034 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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:** Camille L. Kieser — 6/13/95 — (305) 753-8065
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Camille L. Kieser

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