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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K73824

(0)

Mailing Address

KB SYSTEMS, INC.

Principal Place of Business

FILED
May 12 1997 8:00am
Secretary of State

| 3118 GULF TO BAY BOULEVARD<br>SUITE 310<br>CLEARWATER FL 34619 |   | Midning Madress   |                     |  | [   |                                       |          |                        |
|--|---|---|---------------------|--|---|---------------------------------------|----------|------------------------|
|  |   | 3118 GULF TO BAY BOULEVARD<br>SUITE 310<br>CLEARWATER FL 34619-4548 |                     |  |   |                                       |          |                        |
|  |   |   |                     | 3. Date incorporated or Qualified 03/17/1989 | 1   | 3a. Date of Last Report<br>08/15/1996 |          |                        |
| 2. Principal   | Il Place of Business  | 2s. Mailing Address   |                     |  | 4. FEI Number   |                                       |          | Applied For            |
| 21   |   | 26  |                     |  | 59-2938029  |                                       |          | Vot Applicable         |
|  | pt #, etc.  | Suite, Apt. #, etc.   | Suite, Apt. #, etc. |  | 5. Certificate of Status Desired  |                                       |          | Additional<br>Regulred |
| 22 City & St   | itale   | City & State  |                     | <del></del>                                  | 6. Election Campaign Financing  |                                       |          | D May Be               |
| 23   |   | 28  |                     |  | Trust Fund Contribution   |                                       |          | d to Fees              |
| Zip  | Country   | Zip   | Co                  | untry  | 8. This corporation has liability for   | intanoible t                          |          |                        |
| 24   | 25  | 29  | 30                  |  | Florida Statutes  | Yes [                                 | ] No     |                        |
|  | <ol><li>Name and Address of Cur</li></ol>   | rent Registered Agent   |                     | 81 Name                                      | 10. Name and Address of New R   | egistered A                           | gent     |                        |
| 31<br>SU<br>CI   | /ADSWORTH,WILLIAM<br>118 GULF TO BAY BOULEVARD<br>UITE 310<br>LEARWATER FL 34619        |   |                     | 83 City                                      | Address (P.O. Box Number is Not Accepta   | FL                                    | 1 1 '    | Code                   |
| agent. SIGNATUR  | t am tamiliar with, and accept the ob<br>& Signarye specific printed name of registered | ligations of, Section 607.0505                                      | o, riorida Sta      | itules.                                      | corporation submits this statement for the coration's board of directors. I hereby accendenced when reinstating?  ADDITIONS/CHANGES TO OFFI | DATE                                  |          |                        |
| TITLE  | DP OTTOERS?   | DELETE  |                     | ITLE   | ADDITIONS CHANGES TO GITT   | OFING VIAD                            | Change   |                        |
| NAME   | WADSWORTH, WILLIAM M.   |   |                     | IAME   |   |                                       |          | <del></del>            |
| STREET ADDRES  | AZZA OLUE YO BAY ZOZA   |   | 1.3 5               | TREET ADDRESS                                |   |                                       |          |                        |
| CITY-ST-Z:P  | CLEARWATER FL   |   | 1.4 (               | CITY+ST-ZIP                                  |   |                                       |          |                        |
| TITLE  | DVS   | DELETÉ  | 2.1 7               |  |   |                                       | Change   | Additio                |
| NAMÉ   | BOHLINGER, PAT  |   | 2.21                | NAME   |   |                                       |          |                        |
| STREET ADDRES  |   |   | 2.3 5               | STREET ADDRESS                               |   |                                       |          |                        |
| CHY-ST-ZIP   | CLEARWATER FL   |   |                     | CITY-ST-ZIP                                  |   |                                       |          |                        |
| TIFLE  | DT  | ☐ DELETE  |                     |  |   |                                       | Change   | Additio                |
| NAME   | WADSWORTH, ELIZABETH  |   | 1                   | IAME   |   |                                       |          |                        |
| STREET ADDRES  | SS 3118 GULF TO BAY BLVD.<br>CLEARWATER FL  |   |                     | STREET ADDRESS                               |   |                                       |          |                        |
| CITY - ST - ZIP  | CLEANWAIEN FL   | DELETE  |                     | CITY-ST-ZIP                                  |   |                                       | Change   | Additio                |
| TILLE  |   | L DELETE  |                     | IITLE  |   |                                       | Audube   | LJ Addrillo            |
| NAME<br>CTULL LABOURE  | ev  |   |                     | NAME   |   |                                       |          |                        |
| STREET ADDRES  | 55  |   |                     | STREET ADDRESS                               |   |                                       |          |                        |
| CITY-S1-Z-P<br>T:TLF   |   | DELETE  |                     | CITY-ST-ZIP<br>LITLE                         |   |                                       | Change   | Additio                |
| NAME   |   | با عدداد  |                     | NAME   |   |                                       | 0        | Bang 7-90/110          |
| STREET ADORES  | es l  |   |                     |  |   |                                       |          |                        |
|  | 35  |   |                     | STREET ADDRESS                               |   |                                       |          |                        |
| CITY-ST-ZIP  |   | DELETE  |                     | CITY+ST-ZIP<br>FITLE                         |   |                                       | Change   | e Additio              |
| TITLE  |   | im ottere   |                     | NAME :                                       |   |                                       | المان وي | - I FIGURE             |
| NAME<br>CTOCCL ADDIOLS   | c:  |   |                     |  |   |                                       |          |                        |
| STREET ADDRES  | 22  |   | 4                   | STREET ADDRESS                               |   |                                       |          |                        |
| C(17 ST. 2)D   | 1   |   | <b>■</b> £ 4 ?      | TIV_CT_AP                                    |   |                                       |          |                        |

14. I do 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.

SIGNATURE

SIGNATORE AND TYPED OR PRINTED NAME OF BIGHING OFFICER OR DIRECTOR

1/25/97 (813) 725-1871