

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # 614061

(0)

1. Corporation Name  
H.B. KENT, INC.

Principal Place of Business  
800 CORPORATE DRIVE, SUITE 510  
FT LAUDERDALE FL 33334

Mailing Address  
4770 KENT AVENUE, SUITE 100  
MONTREAL, QUEBEC  
CANADA H3W 1H2

FILED

97 OCT -9 AM 8:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
21 310 5th Avenue  
Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

22 City & State  
23 Indialantic Florida  
Zip Country

27 City & State

28 Zip Country

24 32903

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9. Name and Address of Current Registered Agent

MOSKOWITZ, MICHAEL W.  
800 CORPORATE DRIVE, SUITE 510  
FT LAUDERDALE FL 33334

3. Date Incorporated or Qualified  
03/19/1979

3a. Date of Last Report  
03/04/1996

4. FEI Number  
98-0042478

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30

Yes No

10. Name and Address of New Registered Agent

81 Name Barnes, William  
82 Street Address (P.O. Box Number is Not Acceptable)  
310 5th Avenue  
83  
84 City Indialantic FL 85 Zip Code 32903

11. Pursuant to the provisions of Sections 607.0102 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 607.0105, Florida Statutes.

SIGNATURE William Barnes

Signature, typed or printed name of registered agent and title of corporation

Signature, typed or printed name of registered agent and title of corporation

DATE

10-3-97

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME BLOOM, HYMAN  
STREET ADDRESS 4770 KENT AVE, SUITE 100  
CITY-ST-ZIP MONTREAL, QUEBEC, CANADA

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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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 HYMAN BLOOM 10-3-97

CR2E034 (4/97)