

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

DOCUMENT # **614788**

(8)

25 MAY - 1 AM 8:55

1. Corporation Name

**KBS ENTERPRISES REALTY, INC.**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

**199 W. Palmetto Park Rd., Suite 3  
Boca Raton, Florida 33432**

Mailing Address

**199 W. Palmetto Park Rd., Suite 3  
Boca Raton, Florida 33432**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**03/07/1979**

3a. Date of Last Report

**04/11/1994**

2. Principal Place of Business

21

2a. Mailing Address

26

State Apt # etc.

State Apt # etc.

22

City & State

27

City & State

23

24

25

29

30

4. FEI Number

**59-2015934**

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 is or is likely to be subject to the provisions of Chapter 107, Florida Statutes

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**SCHWARTZ, KENNETH B.**

**199 W. Palmetto Park Rd., Suite 3  
Boca Raton, Florida 33432**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85

Zip Code

11. Pursuant to the provisions of Sections 607.01 and 607.008, 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. Thereby accept the appointment as registered agent. I am

SIGNATURE

OFFICERS AND DIRECTORS

12.

NAME

**SCHWARTZ, KENNETH B.**

**199 W. Palmetto Park Rd., Suite 3  
Boca Raton, Florida 33432**

NAME

STREET ADDRESS

CITY, ST, ZIP

NAME

STREET ADDRESS

CITY, ST, ZIP

NAME

STREET ADDRESS

CITY, ST, ZIP

NAME

STREET ADDRESS

CITY, ST, ZIP

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STREET ADDRESS

CITY, ST, ZIP

NAME

STREET ADDRESS

CITY, ST, ZIP

NAME

STREET ADDRESS

CITY, ST, ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS, IF ANY

13.

1. NAME

2. NAME

3. STREET ADDRESS

4. CITY, ST, ZIP

5. NAME

6. NAME

7. STREET ADDRESS

8. CITY, ST, ZIP

9. NAME

10. NAME

11. STREET ADDRESS

12. CITY, ST, ZIP

13. NAME

14. NAME

15. STREET ADDRESS

16. CITY, ST, ZIP

17. NAME

18. STREET ADDRESS

19. CITY, ST, ZIP

20. NAME

21. STREET ADDRESS

22. CITY, ST, ZIP

23. NAME

24. STREET ADDRESS

25. CITY, ST, ZIP

26. NAME

27. STREET ADDRESS

28. CITY, ST, ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/95

305-722-7757