

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

FILED

Apr 17 1997 8:00am  
Secretary of State

|   |   |   |
|---|---|---|
| PROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1997</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # **614788** (8)

1. Corporation Name  
**KBS ENTERPRISES REALTY, INC.**



|  |   |
|--|---|
| Principal Place of Business<br><b>8061 W. McNAB ROAD<br/>TAMARAC FL 33321<br/>US</b> | Mailing Address<br><b>8061 W. McNAB ROAD<br/>TAMARAC FL 33321-3254<br/>US</b> |
|--|---|

|  |  |
|--|--|
| 3. Date Incorporated or Qualified<br><b>03/07/1979</b> | 3a. Date of Last Report<br><b>05/02/1996</b> |
|--|--|

|  |   |   |
|--|---|---|
| 2. Principal Place of Business<br>21 <b>486 W. HILLSBORO BLVD</b><br>Suite, Apt. #, etc.   | 2a. Mailing Address<br>26 <b>486 W. HILLSBORO BLVD</b><br>Suite, Apt. #, etc. | 4. FEI Number<br><b>59-2015934</b><br>Applied For<br>Not Applicable   |
| 22 City & State<br>23 <b>DEERFIELD BEACH, FL.</b><br>Zip   | 27 City & State<br>28 <b>DEERFIELD BEACH, FL.</b><br>Zip                      | 5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>  |
| 24 <b>33441</b> 25 <b>BROWARD</b>  | 29 <b>33441</b> 30 <b>BROWARD</b>   | 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>                               |
| 9. Name and Address of Current Registered Agent<br><b>SCHWARTZ, KENNETH B.<br/>732 ST. ALBANS<br/>BOCA RATON FL 33486<br/>XXXXXXXXXXXXXXXXXXXX</b> |   | 8. This corporation has liability for intangible tax under s. 199.032,<br>Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No |

10. Name and Address of New Registered Agent

|         |   |                                 |
|---------|---|---------------------------------|
| 81 Name | 82 Street Address (P.O. Box Number is Not Acceptable) | 83 <b>486 W. HILLSBORO BLVD</b> |
| 84 City | 85 Zip Code   | <b>DEERFIELD BEACH FL 33441</b> |

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS |                                     | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|----------------------------|-------------------------------------|---|--|
| TITLE                      | P/D <input type="checkbox"/> DELETE | 1.1 TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>SCHWARTZ, KENNETH B.</b>         | 1.2 NAME  |  |
| STREET ADDRESS             | <b>732 ST. ALBANS</b>               | 1.3 STREET ADDRESS                                    | <b>486 W. HILLSBORO BLVD</b>   |
| CITY-ST-ZIP                | <b>BOCA RATON FL 33486</b>          | 1.4 CITY-ST-ZIP                                       | <b>DEERFIELD BEACH, FL. 33441</b>  |
| TITLE                      | <input type="checkbox"/> DELETE     | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                                     | 2.2 NAME  |  |
| STREET ADDRESS             |                                     | 2.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |                                     | 2.4 CITY-ST-ZIP                                       |  |
| TITLE                      | <input type="checkbox"/> DELETE     | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | <b>*ADDRESS CHANGE ONLY*</b>        | 3.2 NAME  |  |
| STREET ADDRESS             |                                     | 3.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |                                     | 3.4 CITY-ST-ZIP                                       |  |
| TITLE                      | <input type="checkbox"/> DELETE     | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                                     | 4.2 NAME  |  |
| STREET ADDRESS             |                                     | 4.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |                                     | 4.4 CITY-ST-ZIP                                       |  |
| TITLE                      | <input type="checkbox"/> DELETE     | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                                     | 5.2 NAME  |  |
| STREET ADDRESS             |                                     | 5.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |                                     | 5.4 CITY-ST-ZIP                                       |  |
| TITLE                      | <input type="checkbox"/> DELETE     | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                                     | 6.2 NAME  |  |
| STREET ADDRESS             |                                     | 6.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |                                     | 6.4 CITY-ST-ZIP                                       |  |

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 supplement to 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 duly authorized officer or director 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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/08/97

Date

954-426-0139

Daytime Phone #

CR2E034 (9/96)