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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 614788

(8)

KBS ENTERPRISES REALTY, INC.

FILED Apr 17 1997 8:00am Secretary of State



TRIUDAL MACE	of Business		Mailing) Address			I KOOLKA OLKOL LIDII OFOH HAGOF IBKOL ADAI			
BOSI W. MCMAI			8061 W	MCNAB ROAD						
TAMARAC FL 3	3321		TAMAR US	AC/FL 33321-3254						
00 /			00	• \			3. Date Incorporated or Qualified 03/07/1979		of Last R 2/1996	eport
2. Principal Pl	ace of Business		2a. Ma	iling Address			4. FEI Number			plied For
21 486	WHILLSE	ORO BLVD	26	486 W	HILLSR	ORO BLVD	59-2015934		No	t Applicable
Suite, Apt. (#, etc		Sui 27	te, Apt. #, etc.	-111 <u>m (m 4</u> 2 (b)		5. Certificate of Status Desired	×	\$8.75 Fee Re	Additional equired
City & State)			y & State	· · · · · · · · · · · · · · · · · · ·		6. Election Campaign Financing		\$5.00	May Be
23 DEER	FIELD BEA	CH. FL.	28	DEERFIEL	D BEAC	HFL.	Trust Fund Contribution		Added	-
Zφ		Country	Zip		Countr		8. This corporation has liability for			. 199.032,
24 334	41 25	BROWARD Address of Curre	29 3	33441	30 BR	OWARD		Yes 🗌		
	9, Name and		nt Registere	d Agent		I Marra	10. Name and Address of New Re	egistered Ag	jent	·
	Wartz, Kenn				8.	Name				
XXX 732	ST, ALBANS,	XXX .			82	Street Addr	ress (P.O. Box Number is Not Acceptat	ble)		
	A PATON FL.					486	W. HILLSBORO BLVD			
XXXXXX	~~~~~~~~~~	MANA			83	,	W. WILLSOOMO DEVD			
					84	City			85 Zip	Code
						DEE	ERFIELD BEACH	FL	33	3441
11. Pursuant t	to the provisions	of Sections 607.050 or both, in the State	02 and 607.1 3 of Florida S	508, Florida Statu Such change was	ites, the above	ve-named corp	poration submits this statement for the tition's board of directors. I hereby acce	purpose of c	hanging it ntment as	ls registered registered
anent La	m familine with a	nd accept the oblig	ations of Se	ction 607 0505 E	torida Statute	or and component		brane mbbo.		
ogan, ru	it tariis iac wijit, a	nd accept the only	anona or, oc	Ction 607.0303, 1	iorida Olaidi	J.J.				
SIGNATURE										
SIGNATURE		and name of registered ag	ent and tile if app	olicatre. (NO	TE Registered A		red when reinstating)	DATE		
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SIGNATURE:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

04/08/97

954-426-0139

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