

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 01, 1999 8:00 am
Secretary of State

05-01-1999 90078 008 ***150.00

DOCUMENT # 635732

1. Corporation Name
TWIN HARBORS, INC.

Principal Place of Business

C/O KB HOLDINGS
647 E DANIA BEACH BLVD
DANIA FL 33004

Mailing Address

C/O KB HOLDINGS
647 E DANIA BEACH BLVD
DANIA FL 33004

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/11/1979

4. FEI Number

59-1938411

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 the current year Intangible
Personal Property Tax.

Yes No

2. Principal Place of Business

2a. Mailing Address

21. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

22. City & State

27. City & State

23. Dania Beach, FL

28. Dania Beach, FL

24. Zip Country

29. Zip Country

25. USA

30. USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WAGNER, J
C/O KB HOLDINGS
647 E DANIA BEACH BLVD
DANIA FL 33004

81. Name

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

83.

84. City DANIA BEACH

FL

85. Zip Code 33004

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME BOULIS, GUS
STREET ADDRESS C/O KB HOLDINGS 647 E DANIA BEACH BLVD
CITY-ST-ZIP DANIA FL 33004

1.1 TITLE PVSTD
1.2 NAME BOULIS, G.
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP Dania Beach, FL 33004

TITLE VST
NAME WAGNER, J
STREET ADDRESS C/O KB HOLDINGS 647 E DANIA BEACH BLVD
CITY-ST-ZIP DANIA FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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 as an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

954/922-6700

Date

Daytime Phone #

CR2E034 (11/98)