

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
May 01 1996 8:00 am
Secretary of State

DOCUMENT # **G46715** (0)

1. Corporation Name
KMB MANAGEMENT CORP.



Principal Place of Business
**10371 W SAMPLE RD
CORAL SPRINGS FL 33065**

Mailing Address
**10371 W SAMPLE RD
CORAL SPRINGS FL 33065**

2. Principal Place of Business
21 **10179 W Sample Rd**
Suite, Apt. #, etc.
22
City & State
23 **Coral Springs FL**
Zip
24 **33065** Country
25
2a. Mailing Address
26 **10179 W Sample Rd**
Suite, Apt. #, etc.
27
City & State
28 **Coral Springs FL**
Zip
29 **33065** Country
30

3. Date Incorporated or Qualified
06/29/1983

3a. Date of Last Report
05/01/1995

4. FEI Number
59-2302449

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 has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**PORIS, FREDERICK
10371 WEST SAMPLE ROAD
CORAL SPRING FL 33065**

10. Name and Address of New Registered Agent

81 Name
Poris, Frederick

82 Street Address (P.O. Box Number is Not Acceptable)
10179 West Sample Road

83

84 City
Coral Springs FL 85 Zip Code
33065

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

☐ DELETE

TITLE
SD
NAME
SAMET, ABRAHAM
STREET ADDRESS
10371 W SAMPLE RD
CITY-ST-ZIP
CORAL SPRNGS FL

TITLE
PD
NAME
PORIS, FREDERICK
STREET ADDRESS
11030 N.W. 24TH ST.
CITY-ST-ZIP
CORAL SPGS. FL

TITLE ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

1.1 TITLE
SD
1.2 NAME
Samet, Abraham
1.3 STREET ADDRESS
10179 W Sample Rd
1.4 CITY-ST-ZIP
Coral Springs, FL 33065

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

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Abraham Samet

4/30/96

Date

Daytime Phone #

CR2E034 (12/95)