FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

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Mar 21 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1997

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

DOCUMENT # G46715 (0)

1. Corporation Name

~~KMB Management Corp.~~ NC 6/16
Marbeth Corp.

Principal Place of Business
10179 W. Sample Rd.
Coral Spgs, FL 33065

Mailing Address
10179 W. Sample Rd.
Coral Spgs, FL 33065

3. Date Incorporated or Qualified: 6/29/83
3a. Date of Last Report: 4/30/96

2. Principal Place of Business
21 11030 NW 24th St
Suite, Apt. #, etc.
22
City & State
23 Coral Springs, FL
Zip 24 33065 Country 25 USA

2a. Mailing Address
26 11030 NW 24th St.
Suite, Apt. #, etc.
27
City & State
28 Coral Springs, FL
Zip 29 33065 Country 30 USA

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
10179 W. Sample Rd.

Coral Springs, FL 33065

10. Name and Address of New Registered Agent

81 Name: Poris, Frederick
82 Street Address (P.O. Box Number is Not Acceptable): 11030 NW 24th St.
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 of the above-named corporation with all the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: FREDERICK PORIS Frederick Poris DATE: 3/17/97
(NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS

TYP: SD ☒ DELETE
NAM: Samet, Abraham
STREET ADDRESS: 10179 W. Sample Rd.
CITY-ST-ZIP: Coral Springs, FL 33065

TYP: PD ☐ DELETE
NAM: Poris, Frederick
STREET ADDRESS: 11030 NW 24th St.
CITY-ST-ZIP: Coral Springs, FL 33065

TYP: ☐ DELETE
NAM:
STREET ADDRESS:
CITY-ST-ZIP:

TYP: ☐ DELETE
NAM:
STREET ADDRESS:
CITY-ST-ZIP:

TYP: ☐ DELETE
NAM:
STREET ADDRESS:
CITY-ST-ZIP:

TYP: ☐ DELETE
NAM:
STREET ADDRESS:
CITY-ST-ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE: ☐ Change ☐ Addition
12 NAME:
13 STREET ADDRESS:
14 CITY-ST-ZIP:

21 TITLE: PSD ☒ Change ☐ Addition
22 NAME: Poris, Frederick
23 STREET ADDRESS: 11030 NW 24th St.
24 CITY-ST-ZIP: Coral Springs, FL 33065

31 TITLE: ☐ Change ☐ Addition
32 NAME:
33 STREET ADDRESS:
34 CITY-ST-ZIP:

41 TITLE: ☐ Change ☐ Addition
42 NAME:
43 STREET ADDRESS:
44 CITY-ST-ZIP:

51 TITLE: ☐ Change ☐ Addition
52 NAME:
53 STREET ADDRESS:
54 CITY-ST-ZIP:

VB 3-21

61 TITLE: ☐ Change ☐ Addition
62 NAME:
63 STREET ADDRESS:
64 CITY-ST-ZIP:

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14. If the fee accompanying 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 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 a director or officer 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 above, or on an attachment with an address.

SIGNATURE: Frederick Poris FREDERICK PORIS 3/17/97 (954) 752-4064
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #