

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED

May 01 1996 8:00 am
Secretary of State

DOCUMENT # H41349 (2)

1. Corporation Name

KMB REALTY CORP.



Principal Place of Business

10371 W. SAMPLE ROAD
CORAL SPRINGS FL 33065

Mailing Address

10371 W. SAMPLE ROAD
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

2a. Mailing Address

26 10179 W. Sample Rd

Suite, Apt. #, etc.

27

City & State

28 Coral Springs FL

Zip

29 33065

Country

3. Date Incorporated or Qualified

02/06/1985

3a. Date of Last Report

05/01/1995

4. FEI Number

59-2505633

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 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)

10179 W. Sample Rd.

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, and 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

TITLE PD ☐ DELETE

NAME PORIS, FREDRICK
STREET ADDRESS 11030 NW 24TH ST.
CITY-ST-ZIP CORAL SPRINGS FL

TITLE D ☐ DELETE

NAME PORIS, FREDERICK
STREET ADDRESS 11030 NW 224TH ST.
CITY-ST-ZIP CORAL SPRINGS FL

TITLE VPSP ☐ DELETE

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

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

2. TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

3. TITLE ☒ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

4. TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

5. TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

6. TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 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

Date

Daytime Phone #

CR2E034 (12/95)