

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

DOCUMENT # **H43416** (7)

1. Corporation Name

KABBOORD PROPERTIES, INC.



Principal Place of Business

C/O JOHN J. KABBOORD, JR.
3201 N. ATLANTIC AVE.
COCOA BEACH FL 32931

Mailing Address

C/O JOHN J. KABBOORD, JR.
3201 N. ATLANTIC AVE.
COCOA BEACH FL 32931

3. Date Incorporated or Qualified
02/19/1985

3a. Date of Last Report
01/20/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FCI Number

59-2645567

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

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

10. Name and Address of New Registered Agent

KABBOORD, JOHN J., JR.
775 E. MERRITT ISLAND CAUSEWAY
MERRITT ISLAND FL 32952

81 Name

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

83

84 City

FL

85 Zip Code

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 of the person for whom this report is being filed, if not applicable)

(Signature of Registered Agent, if not applicable, registered agent's signature)

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	☐ DELETE
NAME	KABBOORD, JOHN J. S	
STREET ADDRESS	3201 N. ATLANTIC AVE	
CITY-ST-ZIP	COCOA BEACH FL	
TITLE	D	☐ DELETE
NAME	KABBOORD, WILLIAM J.	
STREET ADDRESS	3201 N. ATLANTIC AVE. ST	
CITY-ST-ZIP	COCOA BEACH FL	
TITLE	D	☐ DELETE
NAME	KABBOORD, MARK D.	
STREET ADDRESS	3201 N. ATLANTIC AVE. ST	
CITY-ST-ZIP	COCOA BEACH FL	
TITLE	PD	☐ DELETE
NAME	KABBOORD, DAVID	
STREET ADDRESS	3201 N. ATLANTIC AVE	
CITY-ST-ZIP	COCOA BEACH FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☐ Addition
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 reports 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

2/6/96

CR2E034 (12/95)