Ē	ILE NOW: FILING FE	E AFTER N	MAY 1 IS	\$550	.00		, F	Ή.	ED	
CO	PROFIT RPORATION	FL FL	ORIDA DEPAR. Sandra B			TATE	-			กกอท
				ry of Stat			Feb 10 1997 8:00am			
1997 Division of co					ATIO	NS	Secretary of State			
K&B FL	ORIDA CORPORATION		(2)							
Principal Place of Business Mailing Address   K & B PLAZA K & B PLAZA   LEE CIRCLE LEE CIRCLE   NEW ORLEANS LA 70130 NEW ORLEANS LA 70130										
							3. Date Incorporated or Qualified 11/27/1985		ate of Last Ri <b>3/1996</b>	eport
2. Principal 21	Place of Business	2a. Mailing 26	Address				4. FEI Number 72-1058893	<u> </u>	· · · ·	plied For t Applicable
Suite, Apt	1. #, etc.	Suite,	Apt. #, etc.			<del></del>	5. Certificate of Status Desired	×	\$8.75	dditional
22 City & Sta 23	ate	27 City & 28	State			<u> </u>	6. Election Campaign Financing Trust Fund Contribution		Fee Re \$5.00 Added t	May Be
Zip 24				ρ Cour <b>30</b>			6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No			199.032,
	9. Name and Address of Curro		gent	[30]			10. Name and Address of New Re-			
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324					81	Name				
					82	Street Addre	ess (P.O. Box Number is Not Acceptab	ie)		
					83					
					84	City		FL	65 Zip (	Code
agent. I SIGNATURE	Stgnature, types or printed name of registered a						d when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	C Besthoff, Sydney J., III 1055 St. Charles ave New Orleans La		DELETE		ame Treet a	DDRESS			🛄 Change	S IN 12 Addition
TITLE NAME	V DYER, RONALD J.		DELETE	2.1 Ti 2.2 N		- 2117			🔲 Change	Addition
STREET ADDRESS	1055 ST. CHARLES AVE NEW ORLEANS LA					DDRESS				
CITY-ST-ZIP TITLE	P		DELETE	2.4 ( 3.1 T	CITY - ST ITLE	- ZIP			Change	Addition
NAME STREET ADDRESS	LEBLANC, JAMES 1055 ST. CHARLES AVE			3.2 N 3.3 S		DORESS				- 
CITY - ST - ZIP	NEW ORLEANS LA			3.4. 0	City-st					
TITLE NAME			DELETE	4.1 T 4.2 J					L. Change	Addition
STREET ADDRESS						DDRESS				
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NAME				6.2 N					-	
STREET ADDRESS						DDRESS				
inlormat Lam an	ion indicated on this annual report or	r supplemental ar or the receiver or	inual report is tr trustee empow	iy for the rue and rered to r	accur	ption stated	in Section 119.07(3)(i). Florida Statutes my signature shall have the same lega as required by Chapter 607, Florida S	effect as	s if made und	der oath: that
SIGNA	TURE:	1 And	243KO	<u>le</u>		RESIDE	NT5		86-12 avtime Phone #	34