FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEFARTMENT OF STATE

Katherine Harris

Secr∈tary of State DIVISION OF CORPORATIONS

FILED Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90109 050 ***150.00

DOCU 1. Corporatio	MENT # H8716 3								
K&B FLO	ORIDA CORPORATION								
						1 10000011 2 100 12011 12001 12001 1100	IN aa nini a ulini a .	MAN ANTHE ENGLA	HAN AND HAN
Principal Flac	e of Business	Mailing Address				# 1084211 AIA1 18111 \$2001 11848 W	11 68 1111 3 1111+ 8	1811 BID11 B1811 B	1011 OIBH 1001
P O BOX 3165	i e e e e e e e e e e e e e e e e e e e	P O BOX 3165			Ì				
LEE CIRCLE HARRISBURG PA 17105 HARRISBURG PA 17105						DO NOT WR	ITE IN T∃IS	SPACE	
US		US		3.	Date incorporated or Qualifed				
						11/27/1985			
_ '	Place of Business	2a. Mailing Address			1	FEI Number		⊢	olied For
	Box 3165		316.	<u>s</u>		72-1058893			t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5.	Certificate of Status Desired		\$8.75 A	· I
City & Stat	Te .	City & State				Election Campaign Financing		\$5.00	
23 Har	Harrisburg PA 28 Harrisburg			PA		Trust Fund Contribution		Added t	
Zip	Country	Zip	Country	- , \		This corporation owes the cur	rent year Int		
24 7	05 25	29 7 1 0 5 30]			Personal Property Tax.		Yes	No
	9. Name and Address of Curren	Registered Agent		···		Name and Address of New	Registered	Agent	
	CORPORATION OVETEN		81	Name					
CT CORPORATION SYSTEM				Street	Aidress (P.	O. Box Number is Not Accept	able)		
1200 S. PINE ISLAND ROAD PLANTATION FL 33324			83						
LIV	MINION I E 33324		163						
			84	City			FI	85 Zip (Code
11. Pursuant	to the provisions of Sections 607.0502	and 607,1508, Florida Statutes.	the above	e-named	corporation	submits this statement for the	purpose of	changing its	registered
l office or r	registered agent, or both, in the State of the familiar with, and accept the obligat	of Florida. Such change was autho	orized by	the corp	oration's boa	ard of directors. I hereby acce	pt the appoi	ntment as re	cistered
	an lamiliai with, and accept the obligat	10115 01, Gection 007.0300, 11311da	Clattics						
SIGNATUFE	Signature, typed or printed name of registered agen-	t and title if applicable. (NOT E: Re	gistered Agen	nt signature (required when re		DATE		
12.	OFFICERS AN		13.			DDITIONS/CHANGES TO O	FICERS AN		
TUTE	P	☐ DELETE 1.17						Change	☐ Addition
NAME	KIBLER, CHARLES		1.2 NAME						
STREET ADDRESS			1.3 STREET		1				}
CITY-ST-ZIP TITLE	CAMP HILL PA 17011	☐ DELETE	14 CITY-ST	1-ZIP	+			Change	Addition
NAME	4D		2.2 NAME						_
STREET ADDRESS	DENOCHZI, THANK		2.3 STREET	TADDRESS					
CITY-ST-ZIP	- · · · - · · · · · · · · · · · · · · ·		2.4 CITY-S	T-ZIP					
TITLE	VT							Change	Addition
NAME	•		3.2 NAME						
STREET ADDRESS	1		3.3 STREET	TADDRESS	5]				Ì
CITY-ST-ZIP	CAMP HILL PA 17011			T-ZIP	<u> </u>				
TITLE	VS	☐ DELETE 1.4.1			}			Change	☐ Addition
NAME	GELMAN, I LAWRENCE		4.2 NAME						
STREET ADDRESS	00 1/B111 E11 E 111C			FADDRESS	'				-
CITY-ST-ZIP	CAMP HILL PA 17011	☐ DELETE	4.4 CITY-S 5.1 TITLE	I-ZIP	 			Change	Addition
TITLE	D DOWN FRANKLIN	□ pereve	5.2 NAME						
NAME STREET ADDRESS	BROWN, FRANKLIN		53 STREET	TADDRESS	:				
CITY-ST-ZIP	30 HOMICH PANE		5.4 CITY-S						
TITLE	D	☐ DELETE	6.1 TITLE		1			Change	Addition
NAME	GENSON, ELLIOT S		6.2 NAME		Gers	ion, Elliot S			
STREET ARRIPES O			6.3 STREET	ADDRESS	1	1 = ,			-

CAMP HILL PA 17011 14. I hereby certify that the information supplied with 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 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 appress, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

Frank Bergonzi 4-23-99