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Apr 29, 1999 8:00 am  
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04-29-1999 90109 050 \*\*\*150.00

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<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State <b>DIVISION OF CORPORATIONS</b>	
<b>DOCUMENT # H87163</b> 1. Corporation Name <b>K&amp;B FLORIDA CORPORATION</b>			
Principal Place of Business <b>P O BOX 3165</b> <b>LEE CIRCLE</b> <b>HARRISBURG PA 17105</b> <b>US</b>		Mailing Address <b>P O BOX 3165</b> <b>LEE CIRCLE</b> <b>HARRISBURG PA 17105</b> <b>US</b>	
2. Principal Place of Business 21 <b>P.O. Box 3165</b> Suite, Apt. #, etc. 22 City & State 23 <b>Harrisburg PA</b> Zip 24 <b>17105</b> 25 Country		2a. Mailing Address 26 <b>P.O. Box 3165</b> Suite, Apt. #, etc. 27 City & State 28 <b>Harrisburg PA</b> Zip 29 <b>17105</b> 30 Country	
9. Name and Address of Current Registered Agent <b>CT CORPORATION SYSTEM</b> <b>1200 S. PINE ISLAND ROAD</b> <b>PLANTATION FL 33324</b>			
10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE			
12. OFFICERS AND DIRECTORS TITLE <b>P</b> <input type="checkbox"/> DELETE NAME <b>KIBLER, CHARLES</b> STREET ADDRESS <b>30 HUNTER LANE</b> CITY-ST-ZIP <b>CAMP HILL PA 17011</b> TITLE <b>VD</b> <input type="checkbox"/> DELETE NAME <b>BERGONZI, FRANK</b> STREET ADDRESS <b>30 HUNTER LANE</b> CITY-ST-ZIP <b>CAMP HILL PA 17011</b> TITLE <b>VT</b> <input type="checkbox"/> DELETE NAME <b>SPEAKER, JOSEPH</b> STREET ADDRESS <b>30 HUNTER LANE</b> CITY-ST-ZIP <b>CAMP HILL PA 17011</b> TITLE <b>VS</b> <input type="checkbox"/> DELETE NAME <b>GELMAN, LAWRENCE</b> STREET ADDRESS <b>30 HUNTER LANE</b> CITY-ST-ZIP <b>CAMP HILL PA 17011</b> TITLE <b>D</b> <input type="checkbox"/> DELETE NAME <b>BROWN, FRANKLIN</b> STREET ADDRESS <b>30 HUNTER LANE</b> CITY-ST-ZIP <b>CAMP HILL PA 17011</b> TITLE <b>D</b> <input type="checkbox"/> DELETE NAME <b>GENSON, ELLIOT S</b> STREET ADDRESS <b>30 HUNTER LANE</b> CITY-ST-ZIP <b>CAMP HILL PA 17011</b>			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME <b>Gerson, Elliot S</b> 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP			

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Frank Bergonzi 4-23-99 (717) 761-2633

Date

Daytime Phone #

CR2E034 (11/98)