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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K82175

(6)

KBS ENGINEERING, INC.

FILED									
Jul 03	1997 8:00am								
Secr	etary of State								

Principal Place of Business 34650 US 19N SUITE 301 PALM HARBOR FL 34684		Mailing Address 34850 US 19 N SUITE 301 PALM HARBOR FL 34684-21	34650 US 19 N						
US		US			3. Date Incorporated or 04/20/1989	Qualified	3a. Date of Last 04/25/1996		
2. Principal Place of Business 2a. Mailing Address		2a. Mailing Address		4. FEI Numb				Applied For	
21 26					59-2944080			Not Applicable	
Suite, Apt. #, etc.			Suite, Apt #, etc.		5. Certificate of Status I	Desired [Additional	
City & State			27			 	· · · · · · · · · · · · · · · · · · ·	Required	
	e	 -¬ '	City & State		6. Election Campaign Fi	· -		May Be	
23 Zip	Country	28 Zip	Country		Trust Fund Contribution Added to Fees				
24	25	L ' L	30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes				
24]	9. Name and Address of Curr		<u> </u>	***********	10. Name and Address				
YAN	ITISS, MURIEL		81 Na	ame va	NTISS, MURI	- -			
	7 LAKESHORE LOOP		20						
	SMAR FL 34877		82 Str		ss (P.O. Box Number is No. 51 RIVERDAL)				
"			83		AT WIABUDUD	L			
									
			84 Cit	ty OL	DSMAR,		FL 85 Z ₁ 0	P Code 1677	
11. Pursuant	to the provisions of Sections 607.0	502 and 607,1508, Florida Statules	s, the above-na	med corpo	ration submits this stateme	ent for the purp	oose of changing	its registered	
office or r	egistered agent, or both, in the Sta m familiar with, and accept the ob-	ate of Florida. Such change was au ligations of, Section 607.0505, Flori	ithorized by the ida Statutes	corporatio	n's board of directors. I he	reby accept th	ne appointment a	is registered	
l -	and and a decept the ep	againeria er, beeneri eer leebe, i isri	ica biatatos.						
SIGNATURE	Signature, typed or printed name of registered	agent and title if applicable (NOTE	Rogistered Agent sig	nature required	f when reiostating)		DATE		
12.	OFFICERS A	AND DIRECTORS	13.		ADDITIONS/CHANGES	S TO OFFICER	S AND DIRECTO	ORS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE	D	1		🔀 Change	: Addition	
NAME	YANTISS, RICHARD W		1.2 NAME		ANTISS, RICH		V .		
STREET ADDRESS	4767 LAKESHORE LOOP		1.3 STREET ADDR	1600	2901 N. HAMI				
CITY-ST-ZIP	OLDSMAR FL		1.4 CITY - \$1 - ZIP	S	TERLING HGTS	S: MI 4	· · · · · · · · · · · · · · · · · · ·		
TITLE	ST	☐ DELETE	2.1 TOLE	s	T		Change	Addition	
NAME	YANTISS, MURIEL G		2.2 NAME		YANTISS, MURIEL G.				
STREET ADDRESS	4767 LAKESHORE LOOP		2.3 STREET ADDR		1551 RIVERDALE DR.			ļ	
CITY-ST-ZIP	OLDSMAR FL		2 4 CITY-S1-7IF	P 0	LDSMAR, FL.	34677			
TATLE	V	☐ DELFTE	3 1 TITLE	v			X_ Criange		
NAME	YANTISS, SUDA L		3.2 NAME		ANTISS, SUD			1	
STREET ADDRESS	384 WOODLAKE WYNDE		3.3 STREET ADDR	i i	26 WOODLAKE		-	ĺ	
CITY-ST-ZIP	OLDSMAR FL	- I sugar	3.4. CITY - ST - ZIF	· 0	LDSMAR, FL.	34677			
TITLE	PHONEM 161	☐ DELETE	4.1 TITLE	}			L Change	E L. Addition	
NAME	BUCKLEW, J S T		4. 2 NAME						
STREET ADDRESS	34650 US 19N		4.3 STREET ADDR						
CITY-ST-ZIP	PALM HARBOR FL	DELETE	4.4 CITY - ST - ZIP	·			Change	Addition	
TITLE			5.1 TITLE				L Change	TI MODIBON	
NAME			5.2 NAME						
STREET ADDRESS			5.3 STREET ADDR						
CITY-ST-ZIP		Hours	5.4 CITY - ST - ZIP	·			Change	Addition	
TITLE		☐ DELETE	6.1 TITLE				Unange	TT MODIBOR	
NAME			6 2 NAME	* 00					
STREET ADDRESS			6.3 STREET ADDR	1£55					

14. I do 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 address.