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97 MAY 12 PM 1:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **L64704** (4)

1. Corporation Name  
**KBM CONSULTANTS, INC.**

Principal Place of Business <b>2557 SW 23RD CRANBROOK DR. BOYNTON BEACH FL 33436 US</b>	Mailing Address <b>2557 SW 23RD CRANBROOK DR. BOYNTON BEACH FL 33436-5720 US</b>
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3. Date Incorporated or Qualified <b>04/12/1990</b>	3a. Date of Last Report <b>04/02/1996</b>
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2. Principal Place of Business 21 <b>3400 PINE CREEK BLVD N.</b> Suite, Apt. #, etc. 22 <b>SUITE 3450</b> City & State 23 <b>POMPANO BEACH FL</b> Zip 24 <b>33064</b>	2a. Mailing Address 25 <b>2001 W. SAMPLE ROAD</b> Suite, Apt. #, etc. 27 <b>SUITE 318</b> City & State 28 <b>POMPANO BEACH FL</b> Zip 29 <b>33064</b> Country 30 <b>BROWARD</b>	4. FEI Number <b>65-0192167</b> Applied For Not Applicable	5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent

**GETSON, NORMAN B., ESQ.  
2450 HOLLYWOOD BLVD.  
SUITE 501  
HOLLYWOOD, FL 33020**

10. Name and Address of New Registered Agent

81 Name <b>NEAL R. HELLER</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>2001 W. SAMPLE ROAD</b>
83 <b>SUITE 318</b>
84 City <b>POMPANO BEACH</b>
85 Zip Code <b>FL 33064</b>

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, type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>DPS</b>	<input checked="" type="checkbox"/> DELETE	1.1 TITLE <b>P</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>LENZI, KAYE</b>		1.2 NAME <b>HELLER, NEAL</b>	
STREET ADDRESS <b>2557 SW 23RD CRANBROOK</b>		1.3 STREET ADDRESS <b>2001 W. SAMPLE ROAD SUITE 318</b>	
CITY-ST-ZIP <b>BOYNTON BEACH FL</b>		1.4 CITY-ST-ZIP <b>POMPANO BEACH, FL 33064</b>	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE <b>ST</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME <b>HELLER, ELIZABETH S</b>	
STREET ADDRESS		2.3 STREET ADDRESS <b>2001 W. SAMPLE ROAD SUITE 318</b>	
CITY-ST-ZIP		2.4 CITY-ST-ZIP <b>POMPANO BEACH FL 33064</b>	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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.

SIGNATURE:  **NEAL HELLER** 3/17/97 1954/969-9771  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)