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Secretary of State

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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L64704

1. Corporation Name
KBM CONSULTANTS, INC.

Principal Place of Business
~~3400 PARK CENTRAL BLVD. N.~~
~~SUITE 3450~~
POMPANO BEACH FL 33064
US

Mailing Address
~~3400 PARK CENTRAL BLVD N~~
~~SUITE 3450~~
POMPANO BEACH FL 33064
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 2557 SW Cranbrook Dr.
Suite, Apt. #, etc.

22

23 Boynton Beach, FL
City & State

24 33436 25 USA
Zip Country

2a. Mailing Address

26 2557 SW Cranbrook Dr.
Suite, Apt. #, etc.

27

28 Boynton Beach, FL
City & State

29 33436 30 USA
Zip Country

3. Date Incorporated or Qualified

04/12/1990

4. FEI Number

65-0192167

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year intangible
Personal Property Tax.

Yes No

9. Name and Address of Current Registered Agent

HELLER, NEAL R
2001 W. SAMPLE ROAD
SUITE 318
POMPANO BEACH FL 33064

10. Name and Address of New Registered Agent

81 Name
James L. Pruden
82 Street Address (P.O. Box Number is Not Acceptable)
370 W. Camino Gardens Blvd.
83 Suite 210
84 City Boca Raton FL 85 Zip Code 33432

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

James L. Pruden

(NOTE: Registered Agent signature required when reinstating)

DATE

3-3-99

12. OFFICERS AND DIRECTORS

TITLE PD
NAME LENZI, KAYE
STREET ADDRESS 2557 SW CRANBROOK DR
CITY-ST-ZIP BOYNTON BEACH FL 33436

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-11-99

Date

561-732-1157

Daytime Phone #

CR2E034 (1/1/98)