

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

FILED
May 09 1997 8:00am
Secretary of State

DOCUMENT # **M55170** (8)

1. Corporation Name
6024 NORTH OCEAN DRIVE, INC.

Principal Place of Business Mailing Address
C/O KB HOLDINGS / 647 E. DANIA BCH BLVD **C/O KB HOLDINGS / 647 E. DANIA BCH BLVD**
DANIA FL 33004 **DANIA FL 33004**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/01/1987	3a. Date of Last Report 04/29/1996
21 Suite, Apt. #, etc.	26	27 Suite, Apt. #, etc.		4. FEI Number 59-2820066	Applied For <input type="checkbox"/> Not Applicable
22 City & State	27	28 City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 Zip	28	29 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Country	25	30 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

WAGNER, JOAN S
C/O KB HOLDINGS
647 EAST DANIA BEACH BOULEVARD
DANIA FL 33004

10. Name and Address of New Registered Agent

81 Name **Wagner, J.**
82 Street Address (P.O. Box Number is Not Acceptable)
c/o KB Holdings
83 **647 E. DANIA BEACH BOULEVARD**
84 City **Dania, Florida 33004** FL 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: *Joan S. Wagner*

Signature, typed 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	PD <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOULIS, GUS CONSTANTINOS	12 NAME	
STREET ADDRESS	C/O KB HOLDINGS / 647 E. DANIA BCH BLVD	13 STREET ADDRESS	
CITY-ST-ZIP	DANIA FL 33004	14 CITY-ST-ZIP	
TITLE	STV <input checked="" type="checkbox"/> DELETE	21 TITLE	STV <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HREN, MARGARET	22 NAME	Wagner, J., KB Holdings
STREET ADDRESS	C/O KB HOLDINGS / 647 E. DANIA BCH BLVD	23 STREET ADDRESS	647 E. DANIA BEACH BOULEVARD
CITY-ST-ZIP	DANIA FL 33004	24 CITY-ST-ZIP	Dania, Florida 33004
TITLE	<input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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: *Joan S. Wagner*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)