

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M70468 (7)
1. Corporation Name
KBL REALTY, INC.



Principal Place of Business Mailing Address
**3030 NO ROCKY PT DR W
STE 560
TAMPA FL 33607
US**

3. Date Incorporated or Qualified **03/03/1988** 3a. Date of Last Report **04/27/1995**
4. FEI Number **59-2880943** 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 has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 **711 N. Sherrill Str.** 26 **711 N. Sherrill Str.**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 City & State 27 City & State
Tampa, FL **Tampa, FL**
24 **33609** 25 **Hillsb.** 29 **33609** 30 **Hillsb.**
Zip Country Zip Country

9. Name and Address of Current Registered Agent
**JESSE L. MASSINGILL
3030 NO ROCKY PT DR W 560
TAMPA FL 33607**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
711 N. Sherrill Street
83
84 City **Tampa** FL 85 Zip Code **33607**

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 *Jesse L. Massingill* **Jesse L. MASSINGILL 8/6/96**
Signature typed or printed name of registered agent and title if applicable (Print: Registered Agent's signature required when reinstating) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CDT <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MASSINGILL, JESSE L	12 NAME	
STREET ADDRESS	3030 NO ROCKY PR DR W 560	13 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	14 CITY-ST-ZIP	
TITLE	VSD <input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MASSINGILL, VALERIE A.	22 NAME	
STREET ADDRESS	3030 N. ROCKY PT. DR. WEST., #560	23 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	24 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDRETTA, EVELYNE	32 NAME	
STREET ADDRESS	3030 N. ROCKY PT. DR. WEST., #560	33 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	34 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRANC, JAMES	42 NAME	
STREET ADDRESS	3030 N. ROCKY PT. DR. WEST., #560	43 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	44 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BACH, WILLIAM E	52 NAME	
STREET ADDRESS	3030 N ROCKY PT. DR. W. #560	53 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Jesse L. Massingill* **Jesse L. Massingill (813) 885-5656**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (DATE)

CR2E034 (3/96)