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

Mailing Address

2199 NW 22 CT

N MIAMI FL 33142

PROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business

2199 N.W. 22 CT.

MIAMI FL 33142

2



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9300004123 (4)

KB-MJ PROPERTIES, INC.

DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/06/1993 2. Principal Place of Business 2a, Mailing Address 4. FEI Number Applied For 65-0389189 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 8. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible ☐ No 24 29 30 Personal Property Tax due June 30. X Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name **HODGES STEPHEN S** 2199 NW 22 CT 82 Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33142** 83 City 84 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 agreen the obligations of, Section 607.0505, Florida Statutes. Signature, typed or printe of redistaged agent and title it applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Addition TITI E 1.1 TITLE Change HODGES, STEPHEN NAME 1.2 NAME 2199 N.W. 22ND COURT STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 1.4 CITY - ST- ZIP DELETE Addition Change TITLE 2.1 TITLE 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE Change ___ Addition **3.2 NAME** STREET ADDRESS 3 3 STREET ADDRESS City-ST-ZIP 3.4. City-ST-ZiP DELETE Change Addition 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP

14. Thereby 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 suppliemental 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.

6.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY - ST - ZIP

CITY-ST-ZIP

Den 5

DELETE

DELETE

STEPHEN SHOOGES

205 (39,252)

Change

☐ Change

Addition

Addition

FILED

Apr 29 1998 8:00am

Secretary of State