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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P93000005595 (2)**

1. Corporation Name

KABRO ENTERPRISES, INC.



Principal Place of Business

**2326 SOUTH CONGRESS AVE.
SUITE 1-C
WEST PALM BEACH FL 33406**

Mailing Address

**2326 SOUTH CONGRESS AVE.
SUITE 1-C
WEST PALM BEACH FL 33406**

3. Date Incorporated or Qualified

01/22/1993

3a. Date of Last Report

08/17/1995

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

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30

9. Name and Address of Current Registered Agent

**KOLSHAK, MAX J
2326 S. CONGRESS AVE.
SUITE 1-C
WEST PALM BEACH FL 33406**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

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

Signature typed or printed name of registered agent (if not a natural person)

(NOTE: Registered Agent signature required when resigning.)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME **D KOLSHAK, JOSEPH C**
STREET ADDRESS **1639 DURRETT WAY**
CITY-ST-ZIP **DUNWOODY GA 30338**

☐ Change ☐ Addition

TITLE ☐ DELETE

NAME **D KOLSHAK, MAX J**
STREET ADDRESS **2326 S. CONGRESS AVE, SUITE 1-C**
CITY-ST-ZIP **WEST PALM BEACH FL 33406**

☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Signature Printed Name

CR2E034 (12/95)