

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

**PROFIT
CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # P93000061280 (2)

1. Corporation Name

K.F.L.B. HOLDINGS, INC.

FILED

1995 JUL 27 AM 10:18

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

8249 SEVERN DR
 B
 BOCA RATON FL 33433
 US

8249 SEVERN DR
 B
 BOCA RATON FL 33433
 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

09/01/1993

3a. Date of Last Report

05/01/1994

4. FEI Number

65-0433858

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 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FOUST, KARL R
 8249 SEVERN DR
 SUITE B
 BOCA RATON FL 33433

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

Karl Foust

NOTE: Registered Agent for whom required when reinstating

DATE

7/24/95

12. OFFICERS AND DIRECTORS

13. AGENT INFORMATION REPORT (SEE INSTRUCTIONS) ☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

D
 FOUST, KARL R
 8249 SEVERN DR #B
 BOCA RATON FL

11 TITLE
 12 NAME
 13 STREET ADDRESS
 14 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

21 TITLE
 22 NAME
 23 STREET ADDRESS
 24 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
 NAME
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31 TITLE
 32 NAME
 33 STREET ADDRESS
 34 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
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 CITY - ST - ZIP

41 TITLE
 42 NAME
 43 STREET ADDRESS
 44 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
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 CITY - ST - ZIP

51 TITLE
 52 NAME
 53 STREET ADDRESS
 54 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

61 TITLE
 62 NAME
 63 STREET ADDRESS
 64 CITY - ST - ZIP

☐ Change ☐ Addition

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 110.07(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:

Karl Foust
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(Signature) 407-477-7822