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 # **P93000081968 (8)**

1. Corporation Name
KB GROUP & ASSOCIATES, INC.

Principal Place of Business	Mailing Address
4453 NW OAK CIR. BOCA RATON FL 33431	4453 NW OAK CIR. BOCA RATON FL 33431

3. Date Incorporated or Qualified: 12/01/1993
3a. Date of Last Report: 01/31/1995

2. Principal Place of Business	2a. Mailing Address
21 4000 Thor Dr	26 4000 Thor Dr
Suite, Apt. #, etc 22	Suite, Apt. #, etc 27
City & State 23 Boynton Beach, Fl	City & State 28 Boynton Beach Fl
Zip / Country 24 33426 / 25 Palm Beach	Zip / Country 29 33426 / 30 Palm Beach

4. FEI Number: 65-0451403 ☐ 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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BROWN, MICHAEL 4453 NW OAK CIR. BOCA RATON FL 33431	81 Name: Brown, Michael 82 Street Address (P.O. Box Number is Not Acceptable): 4000 Thor Dr 83 Boynton Beach 84 City: FL 85 Zip Code: 33426

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 _____ DATE
Signature, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when filing)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KRINSKY, SEYMOUR 9259 PECKY CYPRESS LANE BOCA RATON FL 33428	☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP		☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KRINSKY, IRENE 9259 PECKY CYPRESS LANE BOCA RATON FL 33428	☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP		☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BROWN, MICHAEL 9121 VINEYARD LAKE DR. PLANTATION FL 33324	☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	D P BROWN, MICHAEL 7754 Forestay Dr. Lake Worth, Fl 33467	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BROWN, SHARON K 9121 VINEYARD LAKE DR. PLANTATION FL 33324	☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	D, T, S BROWN, SHARON K 7764 FORESTAY DR. Lake Worth, Fl 33467	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	VP Beckwith, William 8313 Mildred Drive W. Boynton Beach, Fl 33437	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (3/96)

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

SIGNATURE: Sharon Brown 8/1/96 561 732-5558
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #