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May 15 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P94000056836 (7)

1. Corporation Name  
KBS ENTERPRISES INC.



Principal Place of Business: 631 FERN AVENUE, TITUSVILLE FL 32796, US  
Mailing Address: 631 FERN AVENUE, TITUSVILLE FL 32796-2324

3. Date Incorporated or Qualified: 08/01/1994  
3a. Date of Last Report: 03/18/1996  
4. FEI Number: 59-3256436  
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: 21, 22, 23, 24  
2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent  
CORNIS, KAREN  
1720 SOUTH PARK AVENUE  
TITUSVILLE FL 32780

10. Name and Address of New Registered Agent  
81 Name: CORNIS, KAREN L.  
82 Street Address (P.O. Box Number is Not Acceptable): 631 FERN AVENUE  
84 City: TITUSVILLE, FL 85 Zip Code: 32796

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: *Karen L. Cornis* KAREN L. CORNIS, PRES. DATE: 1-21-97  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		DELETE
TITLE	PD	<input type="checkbox"/>
NAME	CORNIS, KAREN L.	
STREET ADDRESS	1720 SOUTH PARK AVENUE	
CITY-ST-ZIP	TITUSVILLE FL 32780	
TITLE	VPD	<input type="checkbox"/>
NAME	CORNIS, BRUCE A.	
STREET ADDRESS	1720 SOUTH PARK AVENUE	
CITY-ST-ZIP	TITUSVILLE FL 32780	
TITLE	VPD	<input checked="" type="checkbox"/>
NAME	CREWS, WILLIAMS S	
STREET ADDRESS	4175 COQUINA AVENUE	
CITY-ST-ZIP	TITUSVILLE FL 32780	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	<del>PD</del>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	<del>KAREN L. CORNIS</del>		
1.3 STREET ADDRESS	<del>631 FERN AVENUE</del>		
1.4 CITY-ST-ZIP	<del>TITUSVILLE, FL 32796</del>		
2.1 TITLE	VPD	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.2 NAME	CORNIS, BRUCE A.		
2.3 STREET ADDRESS	631 FERN AVENUE		
2.4 CITY-ST-ZIP	TITUSVILLE, FL 32796		
3.1 TITLE	<del>VPD</del>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.2 NAME	<del>CREWS, WILLIAMS S</del>		
3.3 STREET ADDRESS	<del>2910 WEST...</del>		
3.4 CITY-ST-ZIP	<del>TITUSVILLE, FL 32796</del>		
4.1 TITLE	PD	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.2 NAME	CORNIS, KAREN L.		
4.3 STREET ADDRESS	631 FERN AVENUE		
4.4 CITY-ST-ZIP	TITUSVILLE, FL 32796		
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I do hereby 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 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: *Karen L. Cornis* KAREN L. CORNIS, PRES. DATE: 4-21-97 (407) 383-0815  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)