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

**PROFIT CORPORATION** ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P9500003766 (9)

KPB SERVICES COMPANY

| Principal Place<br>3440 NE 12TH<br>FT LAUDERDAN | AVENUE                                                                       | Mailing Address<br>3440 NE 12TH AVENUE<br>FT LAUDERDALE FL 333   |                                |                                       |                                              |                                       |
|-------------------------------------------------|------------------------------------------------------------------------------|------------------------------------------------------------------|--------------------------------|---------------------------------------|----------------------------------------------|---------------------------------------|
|                                                 |                                                                              |                                                                  |                                |                                       | 3. Date Incorporated or Qualified 01/13/1995 | 3a. Date of Last Report<br>08/29/1996 |
|                                                 | lace of Business                                                             | 2a. Mailing Address                                              |                                |                                       | 4. FEI Number                                | Applied For                           |
| 21                                              | #                                                                            | 26                                                               |                                |                                       | 65-0611647                                   | Not Applicable                        |
| Suite, Apt #, etc.                              |                                                                              | Suite, Apt. #, etc.                                              | 27                             |                                       | 5. Certificate of Status Desired             | \$8.75 Additional Fee Required        |
| City & State                                    | 3                                                                            | City & State                                                     |                                |                                       | 6. Election Campaign Financing               | \$5.00 May Be                         |
| 23                                              |                                                                              | 28                                                               |                                |                                       | Trust Fund Contribution                      | Added to Fees                         |
| Zφ                                              | Country                                                                      | Zip                                                              | Count                          | ry                                    | 8. This corporation has liability for        |                                       |
| 24                                              | 25                                                                           | 29                                                               | 30                             |                                       |                                              | Yes No                                |
|                                                 | 9. Name and Address of Curr                                                  | ent Registered Agent                                             | <del></del>                    | 1 Name                                | 10. Name and Address of New F                | Registered Agent                      |
| BROWN, KARL P<br>3440 N.E. 12TH AVENUE          |                                                                              |                                                                  |                                |                                       | dress (P.O. Box Number is Not Accept         | able)                                 |
| FI.                                             | LAUDERDALE FL 33334                                                          |                                                                  | a                              | 3                                     |                                              |                                       |
|                                                 |                                                                              |                                                                  |                                |                                       |                                              |                                       |
|                                                 |                                                                              |                                                                  | 8                              | 4 City                                |                                              | FL 85 Zip Code                        |
| 11. Pursuant                                    | to the provisions of Sections 607 0                                          | 502 and 607.1508, Florida Stat                                   | utes, the abo                  | ve-named cor                          | poration submits this statement for the      | purpose of changing its registered    |
| office or r                                     | egistered agent, or both, in the Sta<br>m familiar with, and accept the obli | te of Florida, Such change was<br>loations of, Section 607,0505. | s authorized<br>Florida Statut | by the corpora<br>es.                 | ation's board of directors. I hereby acc     | ept the appointment as registered     |
| SIGNATURE                                       | · · · · · · · · · · · · · · · · · · ·                                        | Q                                                                |                                |                                       |                                              |                                       |
|                                                 | Signature, typod or protein canne of regestered a                            |                                                                  |                                | igeni signature requ                  | lired when reinstating)                      | DATE                                  |
| 12.                                             | OFFICERS A                                                                   | ND DIRECTORS                                                     | 13.                            | <del></del>                           | ADDITIONS/CHANGES TO OFF                     |                                       |
| 191LF                                           | BROWN, KARL P                                                                | ☐ DELETE                                                         | 1.1 TITL                       |                                       |                                              | Change Addition                       |
| NAME<br>STOKET ADODGES                          | 4817 NW 8TH ST                                                               |                                                                  | 1.2 NAM                        | ·                                     |                                              |                                       |
| STREET ADDRESS                                  | PLANTATION FL 33317                                                          |                                                                  |                                | ET ADDRESS                            |                                              |                                       |
| CITY-ST-ZIP<br>TITLE                            | V                                                                            | DELETE                                                           |                                | -ST-ZIP                               |                                              | Change Addition                       |
| NAME                                            | BROWN, MURDITH W                                                             | Western Co. Co.                                                  | 2.2 NAM                        |                                       |                                              |                                       |
| STREET ADDRESS                                  | 4817 NW 8TH ST                                                               |                                                                  | 2.3 STRE                       | ET ADDRESS                            |                                              |                                       |
| CITY-ST-ZIP                                     | PLANTATION FL 33317                                                          |                                                                  | 2. 4 CITY                      | /-ST-ZIP                              |                                              |                                       |
| TITLE                                           | \$                                                                           | ☐ DELETE                                                         | 3 1 1111                       |                                       |                                              | Change Addition                       |
| NAME                                            | Brown, Shani C                                                               |                                                                  | 32 NAM                         | E                                     |                                              |                                       |
| STREET ADDRESS                                  | 4817 NW 8TH ST                                                               |                                                                  | 3.3 STRE                       | EET AODRESS                           |                                              |                                       |
| CITY - ST - ZIP                                 | PLANTATION FL 33317                                                          |                                                                  |                                | (-ST-ZIP                              |                                              | 1.00                                  |
| TITLE                                           | DOORNI KOMI B                                                                | ☐ DELETE                                                         | 4.1 T(TL)                      | 1                                     |                                              | Change Addition                       |
| NAME                                            | BROWN, KEVIN P                                                               |                                                                  | 4. 2 NAN                       |                                       |                                              |                                       |
| STREET ADDRESS                                  | 4817 NW 8TH ST<br>PLANTATION FL 33317                                        |                                                                  |                                | EFT ADDRESS                           |                                              |                                       |
| City - St - ZiP<br>TITLE                        | I PANIVION LE 20211                                                          | DELETE                                                           | 4.4 CITY<br>5.1 TITLI          | -ST-ZiP                               |                                              | Change Addition                       |
| NAME                                            |                                                                              |                                                                  | 5.2 NAM                        | 1                                     |                                              | Addition                              |
| STREET ADDRESS                                  |                                                                              |                                                                  |                                | ET ADORESS                            |                                              |                                       |
| CITY - ST - ZIP                                 |                                                                              |                                                                  |                                | -ST-ZIP                               |                                              |                                       |
| TITEF                                           |                                                                              | DELETE                                                           | 6 1 TITL                       | · · · · · · · · · · · · · · · · · · · |                                              | ☐ Change ☐ Addition                   |
| NAME                                            |                                                                              | ***                                                              | 6 2 NAM                        |                                       |                                              |                                       |
| CTOLET ANNDERS                                  |                                                                              |                                                                  |                                | ET ANNOESS                            |                                              |                                       |

64 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 of the receiver or tustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

**SIGNATURE:** 

Lam an officer or director of the corporappears in Block 12 or Block 13 if cha

CITY-ST-ZIP

SIGNING OFFICER OR DIRECTOR

**FILED** 

Jan 27 1997 8:00am

Secretary of State