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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998
DOCUMENT #

P95000003766 (9)

KPB SERVICES COMPANY

FILED Apr 24 1998 8:00am Secretary of State



Principal Plac	e of Business	Mailing Address		T ADDITION THE TOTAL BUTHE CONTROL OF THE CONTROL O	JOIOU IFAII IOOMA OMIA OMIN IRAN
3440 NE 12TH AVENUE 3440 NE 12TH AVENUE					
FT LAUDERDALE FL 33332 FT LAUDERDALE FL 33332					
				DO NOT WRITE IN TH	IS SPACE
	· .			3. Date Incorporated or Qualified 01/13/1995	
2. Principal P	lace of Business N. Dixie Highway	2a. Mailing Address		4. FEI Number	Applied For
		26 Same		65-0611647	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	e	City & State		6. Election Campaign Financing	\$5.00 May Be
	auderdale, Fl.	28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	B. This corporation owes or has paid the	
24 33305		29	30	Personal Property Tax due June 30.	Yes No
	9, Name and Address of Curre	ant Hegistered Agent	81 Name	10. Name and Address of New Registere	id Agent
	OWN, KARL P		OI Name		
3440 N.E. 12TH AVENUE				Address (P.O. Box Number is Not Acceptable)	
Fi.	LAUDERDALE FL 33334		83		
			63		
			84 City	F	85 Zip Code
44 Purrugat	to the provisions of Soctions 607 05	02 and 607 1509 Florida Ctat	utoo the obsus period		
ortice of r	egistere d agent, or both, in the Stat	e of Horida. Such change was	s authorized by the corp	corporation submits this statement for the purpose poration's board of directors. I hereby accept the a	of changing its registered pointment as registered
agent. I a	m familiar with, and accept the obli	gations of, Section 607.0505, f	Florida Statutes.		-
SIGNATURE	Signature, typed or printed name of in got and a	ment sould thout production (N)	DTE: Registered Agent signature	required when reinstating) DATE	
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	P	DELETE	1.1 TITLE	Noomanananata to at the End A	Change Addition
NAME	BROWN, KARL P		1.2 NAME		
STREET ADDRESS	4817 NW 8TH ST		1.3 STREET ADDRESS		
CITY-ST-ZIP	PLANTATION FL 33317		1.4 CITY - ST - ZIP		
TITLE	V	☐ DELETE	2.1 TITLE		Change Addition
NAME	B rown, Murdith W		22 NAME		
STREET ADDRESS	4817 NW 8TH ST		2 3 STREET ADDRESS		
CITY-ST-ZIP	PLANTATION FL 33317		2 4 CITY-S1-7IP		
TITLE	S	☐ DELETE	3.1 TITLE		Change Addition
NAME	Brown, Shani C		3.2 NAME		
STREET ADDRESS	4817 NW 8TH ST		3.3 STREET ADDRESS		
CITY-ST-ZIP	PLANTATION FL 33317		3.4. CITY - ST - ZIP		
TITLE	T	☐ DELET e	4.1 TITLE		Change Addition
NAME	Brown, Kevin P		4. 2 NAME		
STREET ADDRESS	4817 NW 8TH ST		4.3 STREET ADDRESS		
CITY-ST-ZIP	PLANTATION FL 33317		4.4 CITY - ST - ZIP		
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREFT ADDRESS		
CITY-ST-ZIP		DOLLETE	5.4 CITY-S1-ZIP		Oh
TITLE		L_ DELETE	6.1 TITLE		Change Addition
NAME OTDETT LEDDESS			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
14 I hereby c	erlify that the information supplied a	with this filmer done not musliful	for the exemption state	d in Section 119.07(3)(i), Florida Statutes. I further	contifu that the information
Indicated	on this a nnual report or supplement	al aboual report is true and ac	ccurate and that my sign	nature shall have the same lengt effect as if made :	under path: that I am an
Block 12 of	director of the corporation of the rec or Block 13 if changed, or on a) atta	ceiver or trustee empowered to achment with an address.	execute this report as	required by Chapter 607, Florida Statules; and that	it my name appears in
	1 *		>	· ·	

Shani (Ro. 14-20-92