

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P95000003766

1. Corporation Name  
KPB SERVICES COMPANY

Principal Place of Business  
2117 N Dixie Hwy  
FT LAUDERDALE FL 33305  
US

Mailing Address  
3440 NE 12TH AVENUE  
FT LAUDERDALE FL 33334

APPROVED  
AND  
FILED

99 DEC -9 PM 12:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 01/13/1995	
4. FEI Number 65-0611647	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt #, etc.	26. Suite, Apt #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country

9. Name and Address of Current Registered Agent

BROWN, KARL P  
3440 N.E. 12TH AVENUE  
FT. LAUDERDALE FL 33334

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
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 *[Signature]* DATE 12-6-99  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	BROWN, KARL P	1.2 NAME	200003076562
STREET ADDRESS	4817 NW 8TH ST	1.3 STREET ADDRESS	-12/21/99-01055-007
CITY-STATE-ZIP	PLANTATION FL 33317	1.4 CITY-STATE-ZIP	***750.00 ***750.00
TITLE	V	2.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	BROWN, MURDITH W	2.2 NAME	
STREET ADDRESS	4817 NW 8TH ST	2.3 STREET ADDRESS	
CITY-STATE-ZIP	PLANTATION FL 33317	2.4 CITY-STATE-ZIP	
TITLE	S	3.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	BROWN, SHAMI C	3.2 NAME	
STREET ADDRESS	4817 NW 8TH ST	3.3 STREET ADDRESS	
CITY-STATE-ZIP	PLANTATION FL 33317	3.4 CITY-STATE-ZIP	
TITLE	T	4.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	BROWN, KEVIN P	4.2 NAME	
STREET ADDRESS	4817 NW 8TH ST	4.3 STREET ADDRESS	
CITY-STATE-ZIP	PLANTATION FL 33317	4.4 CITY-STATE-ZIP	
TITLE		5.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	
TITLE		6.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(l), 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: *[Signature]* DATE 9-27-99  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0000275

CR2034 (5/99)

REINSTATEMENT *[Signature]*