

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. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000024411 (7)

1. Corporation Name

T.K.B. VENTURES, INC.



Principal Place of Business

Mailing Address

11963 GLENMORE DRIVE
CORAL SPRINGS FL 33071

11963 GLENMORE DRIVE
CORAL SPRINGS FL 33071

3. Date Incorporated or Qualified

03/24/1995

3a. Date of Last Report

1ST one

2. Principal Place of Business

2a. Mailing Address

21 155 N.E. 1ST STREET

26 155 N.E. 1ST ST.

4. FEI Number

339-56-2903

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

22 City & State

23 Deerfield Beach FL

27 City & State

28 Deerfield Beach FL

6. Election Campaign Financing
Trust Fund Contribution



\$5.00 May Be
Added to Fees

24 Zip

25 33441

Country

26 FL

29 Zip

30 33441

Country

31 FL

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

WALLACK, MICHAEL M
2055 WOOD STREET
SUITE 215
SARASOTA FL 34237

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME BLOOM, ROBERT
STREET ADDRESS 2307 HIDDEN LAKE DRIVE
CITY-ST-ZIP WEST BLOOMFIELD MI 48324

DELETE

TITLE STD
NAME KATZ, TERRI J
STREET ADDRESS 462 LAKESIDE PARKWAY
CITY-ST-ZIP NEW ORLEANS LA 70124

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

1.1 TITLE PD
1.2 NAME Diane Bloom
1.3 STREET ADDRESS 155 NE 1ST STREET
1.4 CITY-ST-ZIP Deerfield Beach, FL 33441

Change Addition

2.1 TITLE STD
2.2 NAME KATZ, Terri
2.3 STREET ADDRESS 155 NE 1ST ST
2.4 CITY-ST-ZIP Deerfield Beach, FL 33441

Change Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

Change Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

Change Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

Change Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

Change Addition

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)(k), Florida Statutes. I further certify that the information included 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-596

(954) 698-9300

Date

Telephone #

CR2E034 (3/96)