

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

APPROVED
AND
FILED

1996 MAY -6 PM 2:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 96000033280

1. Corporation Name

KTBG CORPORATION

500001813915

Principal Place of Business Mailing Address
7171 Coral Way, #102A 7171 Coral Way, #102A
Miami, FL 33155 Miami, FL 33155

2. Principal Place of Business 2a. Mailing Address
21 1067 Sandridge Ct. 26 1067 Sandridge Ct.
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 City & State 27 City & State
23 Orlando, FL 28 Orlando, FL
Zip Country Zip Country
24 32817 25 Orange 29 32817 30 Orange

3. Date Incorporated or Qualified 3a. Date of Last Report
4/27/95 4/27/95
4. FFI Number Applied For
65-05-750-59 Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required
6. Election Campaign Financing ☐ \$5.00 May Be
Trust Fund Contribution Added to Fees
8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

Maria Diaz
7171 Coral Way, #102A
Miami, FL 33155

10. Name and Address of New Registered Agent

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)

5-7-96

DATE

12. OFFICERS AND DIRECTORS

TITLE	Vice President	<input type="checkbox"/> DELETE
NAME	Maria Diaz	
STREET ADDRESS	7171 Coral Way, #102A	
CITY-ST-ZIP	Miami, FL 33155	
TITLE	President	<input type="checkbox"/> DELETE
NAME	Dean C. Lester	
STREET ADDRESS	1067 Sandridge Ct.	
CITY-ST-ZIP	Orlando, FL 32817	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Dean C. Lester	
1.3 STREET ADDRESS	1067 Sandridge Ct.	
1.4 CITY-ST-ZIP	Orlando, FL 32817	
2.1 TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Maria Diaz	
2.3 STREET ADDRESS	7171 Coral Way, #102A 3180 S.W. 84th AVE.	
2.4 CITY-ST-ZIP	Miami, FL 33155	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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 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: Dean Lester

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-7-96

Date

Signature Print Name

CR25034 (12/95)

1201 HAYS STREET
TALLAHASSEE, FL 32301
904-222-9171
904-222-0393 FAX

800-342-8086

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56 MAY -6 PM 1:07
ORDER NO. CORPORATION

ACCOUNT NO. : 0721000000032
REFERENCE : 942784 7109271
AUTHORIZATION : *Patricia Pajuts*
COST LIMIT : \$ 233.75

ORDER DATE : May 6, 1996

ORDER TIME : 10:42 AM

ORDER NO. : 942784

CUSTOMER NO: 7109271

CUSTOMER: Don E. Lester, Esq
Don E. Lester & Associates,
Suite 318
4501 Tamiami Trail N
Naples, FL 33940

ANNUAL REPORT FILING

NAME: KTBG CORPORATION

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: DONNA KENDRICK

EXAMINER'S INITIALS: *[Signature]*