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

PROFIT CORPORATION **ANNUAL REPORT**

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

FILED Apr 07, 1999 8:00 am Secretary of State

04-07-1999 90027 024 ***150.00

DOCUMENT #	P95000086722

 Corporation 											
K B HOL	.DINGS, INC.										
Principal Place	of Business	Ma	ailing Address								
5675 PIPERS W	AITE		75 PIPERS WAITE								
SARASOTA FL	34235		RASOTA FL 34235					DO NOT WRITE IN	THIS SDACE		
บร		บร	ı		•		2	. Date Incorporated or Qualifed	THIS SPACE		
							3	11/07/1995			
5 D: : : : D	4 Division	1 2-	Mailing Address				1	. FEI Number		Anni	lied For
¬ `	ace of Business		Maning Address] -	65-0619734		<u> </u>	Applicable
21	# ata	26	Suite, Apt. #, etc.					03 00 13734	\$8.7		ditional
Suite, Apt. i	#, etc.	27	Suite, Apr. #, etc.				5.	. Certifcate of Status Desired	+	e Requ	
22 [City & State		27	City & State					. Election Campaign Financing	\$5	00 M	May Be
´	-	28	Only & Class				"	Trust Fund Contribution		ded to	
23 Zip	Country	- 20	Zip	Cou	intry		R	. This corporation owes the current ye	ear Intangible		
24	25	29	- - -	30	•		"	Personal Property Tax.	∐Yes		□No
24	9. Name and Address of Curr		tered Agent		Τ'''		10	. Name and Address of New Regis	tered Agent		
					81	Name					
LEVI	tt, sandy				82	Ct	4-1 //	P.O. Box Number is Not Acceptable)			
2201	RINGLING BLVD., STE. 203				82	Street A	oress (i	P.O. Box Number is Not Acceptable)			
SAR	ASOTA FL 34237				83						
										7:n C.	
					84	City			FL 85	Zip Co	,de
11 Pursuant	to the provisions of Sections 607.0	502 and 6	07.1508. Florida S	tatutes, the a	bove	e-named c	orporatio	on submits this statement for the purpo	ose of changin	g its re	agistered
office or re	enictored agent or both in the Stat	te of Florid	ta. Such change w	as authorize	d bv	the corpor	ation's b	poard of directors. I hereby accept the	appointment a	ıs regi:	stered
	m familiar with, and accept the obli	jauons or,	, Section 607.0505	, Florida Stat	uica	•					ļ
SIGNATURE	Stgnature, typed or printed name of registered a	gent and title	if applicable. (NOTE: Registered	i Agen	t signature req	uired when	reinstating) DA	ATE .		
12.	OFFICERS A			13.				ADDITIONS/CHANGES TO OFFICE	RS AND DIRE	CTOR	S IN 12
TITLE	P		☐ DELET	E 1.1 T	TLE				☐ Cha	nge	☐ Addition
NAME.	FESTA, JAMES P			1.2 N	AME						ļ
STREET ADDRESS	5675 PIPERS WAITE			1.3 S	TREET	ADDRESS					
CITY-ST-ZIP	SARASOTA FL			1.4 0	ITY-S	T-ZIP					
TITLE	VPST		DELET	E 2.1 T	ΠLE				☐ Cha	nge	Addition
NAME	ANGELORO, ELISE		/ -	2.2 N	AME						
STREET ADDRESS	5675 PIPERS WAITE			2.3 \$	TREET	ADDRESS					
CITY-ST-ZIP	SARASOTA FL			2.40	OTY-S	T-ZIP		يردهمه يبدان بهيداوا	- mar desp		
TITLE	•		☐ DELET	E 3.1 T	ITLE				☐ Cha	nge	Addition
NAME				3.2 N	AME						ţ
STREET ADDRESS				3.3 S	TREET	T ADDRESS					
CITY-ST-ZIP				3.4. 0	CITY-S	ST-ZIP					
TITLE	1		☐ DELET						☐ Cha	inge	☐ Addition
NAME				4.21	AME	ŀ					
STREET ADDRESS	, ·					T ADDRESS					
CITY-ST-ZIP					TY-5	1					
TITLE			☐ DELET						☐ Cha	inge	Addition
NAME				5.2 N					•		{
STREET ADDRESS				5.3 \$	TREET	T ADDRESS					ļ
CITY-ST-ZIP				5.4 C	ΠY-S	r-ZIP					}
TITLE			☐ DELET						Cha	ınge	Addition
NAME				6.2 N	AME						ł

14. I 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 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, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

941-377-4358