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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Socretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000095225 (5)

KB FINANCIAL PARTNERS, INC.

FILED Feb 11 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 800 CORPORATE DR., STE. 220 800 CORPORATE DR., STE. 220 FT. LAUDERDALE FL 33334 FT. LAUDERDALE FL 33334 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/13/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 65-0627704 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing \Box 23 28 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible Yes □ No 24 29 30 Personal Property Tax due June 30. 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name KORNFELD, BARRY M 800 CORPORATE DR., STE. 220 82 Street Address (P.O. Box Number is Not Acceptable) FT. LAUDERDALE FL 33334 83 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 (NOTE Registered Agent signature required when reinstating) Signature, typed or profited name of registered great and title if appreciable OFFICERS AND DIRECTORS CR2E034 (10/97 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE 1.1 THUE Change ☐ Addition KORNFIELD, BARRY M. NAME 1.2 NAME **800 CORPORATE DR SUITE 220** STREET ADDRESS 1.3 STREET ADDRESS FT LAUDERDALE FL CITY ST-ZIP 1.4 CITY - ST - ZIP TITLE DELETE 2.1 THLE Addition BREVER, LLOYD NAME 800 CORPORATE DR SUITE 220 STREET ADDRESS 2.3 STREET ADDRESS FT LAUDERDALE FL CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE 31 TITLE Addition TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STHEET ADDRESS CITY-ST-ZIP 3.4. City - S1 - 7IP DELETE Change Addition 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE TITLE 5.1 TITLE Change Addition NAME 52 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition TITLE 61 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 64 CITY-ST-ZIP

14. Thereby 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 eath; that I am an officer or director of the corporation in 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 changer in an attachment with an address.

SIGNATURE:

BARTY Konfeld