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PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name



DOCUMENT # P96000013908

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 16, 1999 8:00 am Secretary of State

04-16-1999 90095 041 ***150.00

KBM INC).				i nerkoer kie krine ekki erkk erkk erkk erkk		
Principal Place		Mailing Address					
2875 SOUTH O		2875 SOUTH OCEAN BLVD.					
PALM BEACH FL 33480 PALM BE		PALM BEACH FL 33480	BEACH FL 33480		DO NOT WRITE IN THIS SPACE		
,					3. Date Incorporated or Qualifed		
					02/14/1996		{
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	A	pplied For
21		26			65-0661456	N	ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired		Additional
22		27			5. Certificate of Otatus Desired	Fee R	equired
City & Stat	e	City & State			6. Election Campaign Financing	•	May Be
23		28			Trust Fund Contribution		to Fees
Zip	Country	Zip	Country		8. This corporation owes the current ye		Mио
24	25		30		Personal Property Tax.	☐ Yes	XINO
	9. Name and Address of Currer	nt Registered Agent	8-	1 Name	10. Name and Address of New Regist	ered Agent	
MBT	er, ted g		"	57	ANLEY IN KAPL	HN_	
	S SOUTH OCEAN BLVD.		82	2 Street Addre	ss (P.O. Box Number is Not Acceptable)	RIJA	
	M BEACH FL 33480		8:	ب کم	13 30 GECEAN	Siva	
1 AL	W DENOTT I E COTO		6.	<i>'</i>	Ŋ		
•			84	4 City	in Desol Fl	FL 85 Zin	C20/8/82
· · ·		10 1 007 1500 Florido Otobra	. the obe	1 /7	pration submits this statement for the purpo	-	s registered
11, Pursuant	to the provisions of Sections 607.050	of Florida, Such change was all	s, the abou	ve-named corpo	n's board of directors. I hereby accept the	appointment as re	egistered
office or r	m familiar with and accent the oblina	ations of Section 607 0505 Flori	da Statute	s –	are board of directors. Thereby decopit the	/ · /	
agent. I a	m familiar with, and accept the obliga	ations of, Section 607.0505, Flori	da Statute	<u>s</u>	- House of the state of the sta	9/99	
office or ragent. I a	m familiar with, and accept the obliga	ations of, Section 607.0505, Flori	da Statute	S	d when reinstating) DA	9/99 TE	
agent. I a	m familiar with, and accept the obligation of spiriture, typed or printed name of registered age	ntions of, Section 607.0505, Flori nt and title if applyable. (NOTE: I	Registered Age	S // Last ent signature required		9/99 TE RS AND DIRECTO	ORS IN 12
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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: 1

NAME

STREET ADDRESS

CITY-ST-ZIP