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Mar 19 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P96000057912 (3)

1. Corporation Name  
KBVH INC.

Principal Place of Business  
2760 WHITE WING LANE  
WEST PALM BEACH FL 33409

Mailing Address  
2760 WHITE WING LANE  
WEST PALM BEACH FL 33409



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>SAME</b>		2a. Mailing Address 26 <b>SAME</b>		3. Date Incorporated or Qualified 07/10/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 65-0739453	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Country		29 Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent CHAIMONICZ, BERNARD 2951 MARY STREET COCONUT GROVE FL 33133				10. Name and Address of New Registered Agent	
				81 Name <b>SAME</b>	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City <b>FL</b>	
				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	T	1.1 TITLE	VP & T
NAME	ROSILLO, ROBERT A	1.2 NAME	KOCH, MARILYN
STREET ADDRESS	501 SEA OATS DRIVE, # A-1	1.3 STREET ADDRESS	2760 White Wing Ln.
CITY-ST-ZIP	JUNO BEACH FL 33408	1.4 CITY-ST-ZIP	W. P. B. FL. 33409
TITLE	P	2.1 TITLE	
NAME	KOCH, MARK W	2.2 NAME	
STREET ADDRESS	1822 BREAKERS WEST COURT	2.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33411	2.4 CITY-ST-ZIP	
TITLE	VP	3.1 TITLE	
NAME	ROSSILLO, ROBERT A	3.2 NAME	
STREET ADDRESS	501 SEA OATS DRIVE, # A-1	3.3 STREET ADDRESS	
CITY-ST-ZIP	JUNO BEACH FL 33408	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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.

SIGNATURE

*Marilyn Koch*

3/13/98

561-686-2283

CR2E034 (10/97)