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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P96000102967 (2)**

KEBM ENTERPRISES, INC.

Principal Place of Business

201 EAST PINE STREET SUITE 1200 ORLANDO FL 32801 Mailing Address

201 EAST PINE STREET SUITE 1200 ORLANDO FL 32801

FILED Feb 10 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

						3. Date Incorporated or Qualified		
						12/23/1996		
2. Principal Pi	lace of Business	2a. Mailing Address				4, FEI Number	Applied For	
21		26				59-3426487	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.					\$8.75 Additional	
22		27				5. Certificate of Status Desired	Fee Required	
City & State	5	City & State				6. Election Campaign Financing	\$5.00 May Be	
23		28				Trust Fund Contribution	Added to Fees	
Zip	Country	ountry Zip Cou			′	8. This corporation owes or has paid the current year Intangible		
24	25	[29]				Personal Property Tax due June 30. Yes No		
9, Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent			
MARSHALL, BYRD F JR				81	81 Name			
201 EAST PINE STREET				82	82 Street Address (P.O. Box Number is Not Acceptable)			
SUITE 1200				"	Silver Address (1.0. Box Hamber is Not Acceptable)			
ORLANDO FL 32801				83				
				-	011		T	
				84	City	FI	85 Zip Code	
11. Pursuant t	to the provisions of Sections 607.050	2 and 607 1508, Flo	vida Statute	s, the above	e-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. Floreby accept the appointment as registered agent. Fam familiar with, and accept the obligations of, Section 607.0505. Florida Statutes.								
SIGNATURE	Signature typerfor prints I name of cognitional again	est arma totic ut arrandor abdo.	(NOTE	Registered Age	ent signature	required when reinstating) DATE		
12.	OFFICERS ANI		(1011	13.	on anginarare	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12	
TITLE	DV		DELETE	1.1 TITLE			Change Addition	
NAME	********			1.2 NAME			[
STREET ADDRESS	AND SAND SHAPE AND ADDRESS AND ARRAY			1.3 STREET	ADDRESS			
CITY-SI-ZIP	ORLANDO FL 32801			1.4 CITY-S				
TITLE	DT		DELFTE	2.1 THILE	11-27		Change Addition	
NAME	MARSHALL, RICHARD B		Dettite	2.3 NAME		'		
STREET ADDRESS	201 EAST PINE STREET			2 3 STREET	NODDECE			
	ORLANDO FL 32801				1			
CITY-ST-ZIP TITLE	PS PS		DELETE	2. 4 CITY-5	SI-ZIP		Change Addition	
NAME	MARSHALL. BYRD F JR	L,J	Ditter	1				
ı	201 EAST PINE STREET			3.2 NAME	IDDD555		1	
STREET ADDRESS	ORLANDO FL 32801			3.3 STREET			1	
CITY-ST-ZIP TITLE	ONDATOU FE SECUT	···	DELETE	3.4 CITY-5	SI-ZIP		Change Addition	
		لــا	DELLIE			! !	Transfer Transfer	
NAME				4. 2 NAME				
STREET ADDRESS				4.3 STREET	- 1		İ	
CITY-ST-ZIP			DEL C CC	4.4 CHY-S	1-21P	1	Todaya Taywa	
TITLE		LJ	DELETE	5.1 TITLE			Change Addition	
NAME				5.2 NAME				
STREET ADDRESS				5.3 STREET	ADDRESS			
CITY-ST-ZIP	***************************************			5.4 CITY - S	T-ZIP			
TITLE			DELETE	6 1 TITLE			Change	
NAME				6.2 NAME				
STREET ADDRESS				6.3 STREET	ADDRESS			
CITY-ST-ZIP				6 4 C(TY - S	T-ZIP			
14. I hereby c	ertify that the information supplied w	th this filing does n	ot qualify fo	r the exemp	tion state	ed in Section 119.07(3)(i), Florida Statutes. I further cer	lify that the information	

indicated on this arroual report or supplemental arroual 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 copyothion or the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if change d, or our in attachment with an address.

IGNATURE: 6904) 222-7442

CHZEC34 (10/97)