

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

FILED
May 04 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 # P97000019954 (1)

1. Corporation Name

KFR PROPERTIES, INC.

Principal Place of Business
2740 N.E. 35TH COURT
FORT LAUDERDALE FL 33308

Mailing Address
2740 N.E. 35TH COURT
FORT LAUDERDALE FL 33308



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	
21	1231 NE 9th Ave	26	1231 NE 9th Ave
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22		27	
City & State		City & State	
23	Ft. Lauderdale, FL	28	Ft. Lauderdale, FL
24	Zip 33304	29	Zip 33304
25	Country USA	30	Country USA

3. Date Incorporated or Qualified	
02/26/1997	
4. FEI Number	Applied For
65-0733995	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
FLICKER, MARK 2740 N.E. 35TH COURT FORT LAUDERDALE FL 33308			
81	Name		
82	Street Address (P.O. Box Number is Not Acceptable)		
83			
84	City	85	Zip Code
Ft. Lauderdale	FL	33304	

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) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	
NAME	FLICKER, MARK	1.2 NAME	
STREET ADDRESS	21725 SAN DIMEON CIRCLE	1.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33433	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	
NAME	KANIN, ROBERT	2.2 NAME	
STREET ADDRESS	15 SHAKER RIDGE LANE	2.3 STREET ADDRESS	
CITY-ST-ZIP	E. NORTHPORT NY 11731	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	D
NAME	RE, FRANK	3.2 NAME	Frank Re
STREET ADDRESS	2740 N.E. 35TH COURT	3.3 STREET ADDRESS	4510 NE 21st Ave
CITY-ST-ZIP	FORT LAUDERDALE FL 33308	3.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33308
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: _____ 4/30/98 954-768-0611

CR2E034 (10/97)