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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## 1998 DIVISION OF CONTROL OF CONTR

KB CONSULTING, INC.

Principal Place of Business Mailing Address

7674 CYPRESS CRESCENT BOCA RATON FL 33433 7674 CYPRESS CRESCENT

## FILED Jan 23 1998 8:00am Secretary of State



BOCA RATO	N FL 33433		BOCA RATON FL 33433				DO NOT WRITE IN THIS SPACE		
							3. Date Incorporated or Qualified		
						08/22/1997			
Principal Place of Business     2a. Mailing Address									
21 26 26									
Suite, Apt. #, etc. Suite, Apt. #, etc.							60.75		
22	, oto,		<del>1</del>	27			5. Certificate of Status Desired See Required Fee Required		
City & Stat	е	<del> </del>	City & State						
23			28				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
Zip		Country	Zip	Country			11000101003		
24	ł	25	29		ili y		8. This corporation owes or has paid the current year Intangible		
24			1-01	30			Personal Property Tax due June 30. Yes X No  10. Name and Address of New Registered Agent		
9. Name and Address of Current Registered Agent						81 Name			
BAND, CHANNON						Nasile			
7674 CYPRESS CRESCENT					82 Street Address (P.O. Box Number is Not Acceptable)				
BOCA RATON FL 33433									
			{	B3		•			
				-	84	City	85 Zip Code		
				- 1		City	FL  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									
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.					13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	g	0711021107111	DELETE	1,1 TITL	F		VICE PRESIDENT   Change   Addition		
NAME		CHANNON			1.2 NAME				
STREET ADDRESS		PRESS CRESCENT			1.3 STREET ADDRESS		FRANCES BAND 7674 CYPRESS CRESCENT		
	-						76/4 67 / 1633 4436		
CITY-ST-ZIP	DUCA R	ATON FL 33433	DELETE	_	1.4 CITY-ST-ZIP 2.1 TITLE		BOCA RATON, FL 33433		
TITLE			C Deceie				Change Addition		
NAME				2.2 NAME		ļ			
STREET ADDRESS			2.3 STREET ADDRESS		ADDRESS				
_ ÇITY-ST-ZIP				2. 4 CIT	2. 4 CITY - ST - ZIP				
TITLE			☐ DELETE	3.1 TITLE			☐ Change ☐ Addition		
NAME	i.	3.2		3.2 NAM	ΙĒ				
STREET ADDRESS	ADDRESS			3.3 STREET ADDRESS		DDRESS	'		
CITY - ST - ZIP	P			3.4. CITY	Y-ST	- ZIP			
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NAME				4. 2 NAN	Æ				
STREET ADDRESS				4.3 STRE	ET AI	DDRESS			
City-St-ZiP				4,4 CITY					
TITLE			5.1 TITLE			Change Addition			
NAME				5.2 NAM			— Thomas — reduced		
STREET ADDRESS				5.3 STRE	-	DDDGGG	ļ		
1									
CITY-ST-ZIP	ZIP DELETE			5.4 CITY-ST-ZIP					
TITLE			□ DCEE15	6.1 TITLE			L Change L Addition		
NAME				6.2 NAM					
STREET ADDRESS				6.3 STRE	ET AL	DDRESS			
CITY-ST-ZIP		, ,		6.4 CITY					
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									

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: MANNON THANKON BAND 1/13/98 .561-367-1154

CR2E034 (10/97)