

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

FILED
Aug 14 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 # **P97000075993 (0)**

1. Corporation Name

K C B DEVELOPMENT CORPORATION



Principal Place of Business

Mailing Address

~~5117 CASTELLO DR., STE. 1
NAPLES FL 34103~~

~~5117 CASTELLO DR., STE. 1
NAPLES FL 34103~~

DO NOT WRITE IN THIS SPACE

| | |
|--------------------------------|--------------------------------|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21 <i>Florida, Abbe Sound</i> | 26 <i>19010 S.E. Dixie Hwy</i> |
| 22 Suite, Apt. #, etc | 27 <i>Suite B</i> |
| 23 City & State | 28 <i>Hobe Sound, Flc</i> |
| 24 Zip | 29 <i>33455</i> |
| 25 Country | 30 <i>Martin</i> |

| | | |
|---|---|---|
| 3. Date Incorporated or Qualified | 4. FEI Number | Applied For |
| 09/02/1997 | 65-0781103 | <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired | <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Election Campaign Financing Trust Fund Contribution | <input checked="" type="checkbox"/> \$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 |
| MURRAY, PAUL A. 1250 NORTH TAMiami TRAIL, STE. 201 NAPLES FL 34102 |

| |
|--|
| 10. Name and Address of New Registered Agent |
| 81 Name <i>BRIAN S. MURRAY</i> |
| 82 Street Address (P.O. Box Number is Not Acceptable) |
| 83 <i>19010 S.E. Dixie Hwy</i> |
| 84 City <i>Hobe Sound, FL</i> 85 Zip Code <i>33455</i> |

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 *BRIAN S. MURRAY* *Brian S. Murray* **8/6/98**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when replacing) DATE

| 12. OFFICERS AND DIRECTORS | |
|----------------------------|---------------------------------|
| TITLE | <input type="checkbox"/> DELETE |
| NAME | <i>Brian S. Murray</i> |
| STREET ADDRESS | <i>19010 S.E. Dixie Hwy</i> |
| CITY-ST-ZIP | <i>Hobe Sound, Flc 33455</i> |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY-ST-ZIP | |

000002618530
-08/18/98--01028--014
*****563.75**

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.

CR2E034 (10/97)