

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90241 011 ***150.00

0495413

DOCUMENT # P98000001263

1. Corporation Name
KBS EXPORTS, INC.

Principal Place of Business
34650 U.S. HIGHWAY 19 NORTH
SUITE 301
PALM HARBOR FL 34684

Mailing Address
34650 U.S. HIGHWAY 19 NORTH
SUITE 301
PALM HARBOR FL 34684

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/06/1998

4. FEI Number
59-3486325

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing ☐ \$5.00 May Be
Trust Fund Contribution Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 110 STATE ST. EAST

Suite, Apt. #, etc.
22 SUITE D

City & State
23 OLDSMAR, FL.

Zip Country
24 34677 25 USA

2a. Mailing Address

26 110 STATE ST. EAST

Suite, Apt. #, etc.
27 SUITE D

City & State
28 OLDSMAR, FL.

Zip Country
29 34677 30 USA

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

10. Name and Address of New Registered Agent

81 Name
MURIEL G. YANTISS

82 Street Address (P.O. Box Number is Not Acceptable)
1551 RIVERDALE DR.

83

84 City OLDSMAR FL 85 Zip Code 34677

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

Muriel G. Yantiss

Muriel G. Yantiss 3-1-99

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME YANTISS, RICHARD
STREET ADDRESS 34650 U.S. HIGHWAY 19 NORTH #301
CITY-ST-ZIP PALM HARBOR FL 34684 ☐ DELETE

TITLE V
NAME YANTISS, SUDA
STREET ADDRESS 34650 U.S. HIGHWAY 19 NORTH #301
CITY-ST-ZIP PALM HARBOR FL 34684 ☐ DELETE

TITLE ST
NAME YANTISS, MURIEL
STREET ADDRESS 34650 U.S. HIGHWAY 19 NORTH #301
CITY-ST-ZIP PALM HARBOR FL 34684 ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 42901 N. HAMPTON
1.4 CITY-ST-ZIP STERLING HGTS, MI. 48314

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 402 ARLINGTON AVE. E.
2.4 CITY-ST-ZIP OLDSMAR, FL. 34677

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS 1551 RIVERDALE DR.
3.4 CITY-ST-ZIP OLDSMAR, FL. 34677

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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, with all other like empowered.

SIGNATURE:

Suda L. Yantiss

Suda L. Yantiss 3-1-99

813-814-2102

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)