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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

DOCUMENT #

(9)

KBW ENTERPRISES OF CORAL SPRINGS, INC.

Principal Place of Business

Mailing Address

FILED Feb 27 1998 8:00am Secretary of State



1265 N.W. 84TH DR. CORAL SPRINGS FL 33071 1265 N.W. 84TH DR. CORAL SPRINGS FL 33071 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified <u>01/07/1991</u> 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 65-0237809 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Žģi Country 8. This corporation owes or has paid the current year Intangible 24 Personal Property Tax due June 30. Yes

10. Name and Address of New Registered Agent 25 29 30 □ No 9. Name and Address of Current Registered Agent R1 Name LEE, WALTER A. 1265 N.W. 84TH DR. Street Address (P.O. Box Number is Not Acceptable) CORAL SPRINGS FL 33071 83 City Zip Code 85 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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTE Hogistered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE. TITLE 1.1 TITLE LEE, WALTER A. NAME 1.2 NAME 1265 N.W. 84TH DR STREET ADDRESS 1.3 STREET ADDRESS **CORAL SPRINGS FL** CITY-ST-ZIP 14 CITY-ST-ZIP DELETE TITLE 2 1 DILE Change Addition LEE, VIRGINIA A. NAME 22 NAME 1265 N.W. 84TH DR STREET ADDRESS 2 3 STREET ADDRESS CORAL SPRINGS FL CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE TITLE 3 1 TIFLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE TITLE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST-ZIP TITLE DELETE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP TITLE DELETE 61 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

14. Thereby 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 occiver 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 attrictment with an address

SIGNATURE:

Walter W Res