

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S49545** (4)

1. Corporation Name
KABIL CORP.



Principal Place of Business

**500 E BROWARD BLVD
SUITE 1950
FT LAUDERDALE FL 33394**

Mailing Address

**500 E BROWARD BLVD
SUITE 1950
FT LAUDERDALE FL 33394**

3. Date Incorporated or Qualified
05/02/1991

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

21 **11258 PINES BLVD**

Suite, Apt. #, etc.

22 City & State
PEMBROKE PINES

23 Zip
33026

25 Country
BROWARD

2a. Mailing Address

26 **11258 PINES BLVD**

Suite, Apt. #, etc.

27 City & State
PEMBROKE PINES

28 Zip
33026

30 Country
BROWARD

4. FEI Number
65-0270184

Applied For
☐ 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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**BOYLE, CONRAD J
500 E BROWARD BLVD
SUITE 1950
FT LAUDERDALE FL 33394**

10. Name and Address of New Registered Agent

81 Name

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

83

84 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 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 the filer (agent)

(NOTE: Registered Agent Signature required when re-stating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **D BRAMAN, KATHLEEN**
STREET ADDRESS **500 E BROWARD BLVD #1950**
CITY - ST - ZIP **FT LAUDERDALE FL**

TITLE ☐ DELETE
NAME **D BAILEY, WILLIAM**
STREET ADDRESS **500 E BROWARD BLVD #1950**
CITY - ST - ZIP **FT LAUDERDALE FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME **D BAILEY, KATHLEEN**
1.3 STREET ADDRESS **11258 PINES BLVD**
1.4 CITY - ST - ZIP **PEMBROKE PINES FL 33026**

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME **D BAILEY, WILLIAM**
2.3 STREET ADDRESS **11258 PINES BLVD**
2.4 CITY - ST - ZIP **PEMBROKE PINES FL 33026**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, unchanged, or on an amendment with an address.

SIGNATURE:

William J. Bailey
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/96

954 431 5683

CR2E034 (12/95)