FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
May 13 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **V52499** **(3)**

1. Corporation Name
KGB, INC.

Principal Place of Business
~~890 S.R. 434 NORTH~~
~~ALTAMONTE SPRINGS FL 32714~~
860 State Road 434 North, Suite 7
Altamonte Springs, FL 32714

Mailing Address
~~890 S.R. 434 NORTH~~
~~ALTAMONTE SPRINGS FL 32714-7019~~

3. Date Incorporated or Qualified: 07/23/1992
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business
21 860 SR 434 North
Suite, Apt. #, etc.
22 Suite 7
City & State
23 Altamonte Springs, FL
Zip 24 32714
Country 25 USA

2a. Mailing Address
26 860 SR 434 North
Suite, Apt. #, etc.
27 Suite 7
City & State
28 Altamonte Springs, FL
Zip 29 32714
Country 30 USA

4. FEI Number: 59-3136123 — 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
GOODMAN, WILLIAM J.
~~890 STATE ROAD 434 NORTH~~
~~ALTAMONTE SPRINGS FL 32714~~
860 State Road 434 North, Suite 7
Altamonte Springs, FL 32714

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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PTD	☐ DELETE
NAME	GOODMAN, WILLIAM J.	
STREET ADDRESS	890 STATE ROAD 434 NORTH	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	
TITLE	VD	☐ DELETE
NAME	GOODMAN, LAUREN B.	
STREET ADDRESS	890 STATE ROAD 434 NORTH	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	
TITLE	VS	☒ DELETE
NAME	BIEDERMAN, R. A.	
STREET ADDRESS	890 STATE ROAD 434 NORTH	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	
TITLE	D	☐ DELETE
NAME	JACOBS, HARRY N	
STREET ADDRESS	890 STATE ROAD 434 NORTH	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	
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	P/D	☒ Change ☐ Addition
1.2 NAME	William J. Goodman	
1.3 STREET ADDRESS	860 State Road 434 North, Suite 7	
1.4 CITY-ST-ZIP	Altamonte Springs, FL 32714	
2.1 TITLE	V/D/S	☒ Change ☐ Addition
2.2 NAME	Lauren B. Goodman	
2.3 STREET ADDRESS	860 State Road 434 North, Suite 7	
2.4 CITY-ST-ZIP	Altamonte Springs, FL 32714	
3.1 TITLE	D/T	☐ Change ☒ Addition
3.2 NAME	Michael A. Goodman	
3.3 STREET ADDRESS	860 State Road 434 North, Suite 7	
3.4 CITY-ST-ZIP	Altamonte Springs, FL 32714	
4.1 TITLE	D	☒ Change ☐ Addition
4.2 NAME	Harry N. Jacobs	
4.3 STREET ADDRESS	860 State Road 434 North, Suite 7	
4.4 CITY-ST-ZIP	Altamonte Springs, FL 32714	
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 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: William J. Goodman 4/22/97 (407) 788-6555

CR2E034 (9/96)