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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	Mailing Address
~~890 S.R. 434 NORTH~~ ~~ALTAMONTE SPRINGS FL 32714~~ 860 State Road 434 North, Suite 7 Altamonte Springs, FL 32714	~~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

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

2. Principal Place of Business	2a. Mailing Address
21 860 SR 434 North	26 860 SR 434 North
Suite, Apt. #, etc. 22 Suite 7	Suite, Apt. #, etc. 27 Suite 7
City & State 23 Altamonte Springs, FL	City & State 28 Altamonte Springs, FL
Zip / Country 24 32714 / 25 USA	Zip / Country 29 32714 / 30 USA

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

61 Name
62 Street Address (P.O. Box Number is Not Acceptable)
63
64 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE
Signature, typed or printed name of registered agent and title if applicable.

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PTD	☐ DELETE	1.1 TITLE	P/D	☒ Change ☐ Addition
NAME	GOODMAN, WILLIAM J.		1.2 NAME	William J. Goodman	
STREET ADDRESS	890 STATE ROAD 434 NORTH		1.3 STREET ADDRESS	860 State Road 434 North, Suite 7	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL		1.4 CITY-ST-ZIP	Altamonte Springs, FL 32714	
TITLE	VD	☐ DELETE	2.1 TITLE	V/D/S	☒ Change ☐ Addition
NAME	GOODMAN, LAUREN B.		2.2 NAME	Lauren B. Goodman	
STREET ADDRESS	890 STATE ROAD 434 NORTH		2.3 STREET ADDRESS	860 State Road 434 North, Suite 7	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL		2.4 CITY-ST-ZIP	Altamonte Springs, FL 32714	
TITLE	VS	☒ DELETE	3.1 TITLE	D/T	☐ Change ☒ Addition
NAME	BIEDERMAN, R. A.		3.2 NAME	Michael A. Goodman	
STREET ADDRESS	890 STATE ROAD 434 NORTH		3.3 STREET ADDRESS	860 State Road 434 North, Suite 7	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL		3.4 CITY-ST-ZIP	Altamonte Springs, FL 32714	
TITLE	D	☐ DELETE	4.1 TITLE	D	☒ Change ☐ Addition
NAME	JACOBS, HARRY N		4.2 NAME	Harry N. Jacobs	
STREET ADDRESS	890 STATE ROAD 434 NORTH		4.3 STREET ADDRESS	860 State Road 434 North, Suite 7	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL		4.4 CITY-ST-ZIP	Altamonte Springs, FL 32714	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

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