

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

FILED
Sep 17 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 # *PA16000057912*
1. Corporation Name
KBVH, Inc.

Principal Place of Business Mailing Address
*2760 White Wing Ln.
W. PALM BEACH, FL
33409* *SAME*

2. Principal Place of Business 2a. Mailing Address
21 *2760 White Wing Ln.* 26 *SAME*
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 City & State 27 City & State
23 *W. PALM BEACH, FL* 28
Zip Country Zip Country
24 *33409* 25 *USA* 29 30

3. Date Incorporated or Qualified 3a. Date of Last Report
7/10/96 -
4. FEI Number Applied For
65-0739453 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
*MARK W. KOCH
1822 Breakers West Ct.
W.P.B., FL. 33411*

10. Name and Address of New Registered Agent
81 Name *BERNARD CHAIMOWICZ*
82 Street Address (P.O. Box Number is Not Acceptable)
2951 MARY ST.
83
84 City *COCONUT GROVE* FL 85 Zip Code *33133*

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]* - Accountant DATE *9/8/97*

12. OFFICERS AND DIRECTORS

TITLE	<i>PRES</i>	<input type="checkbox"/> DELETE
NAME	<i>MARK W. KOCH</i>	
STREET ADDRESS	<i>1822 Breakers West Ct., W.P.B., FL 33411</i>	
CITY-ST-ZIP	<i>W.P., FL 33411</i>	
TITLE	<i>V.P.</i>	<input type="checkbox"/> DELETE
NAME	<i>MARILYN KOCH</i>	
STREET ADDRESS	<i>2760 White Wing Ln.</i>	
CITY-ST-ZIP	<i>W.P.B., FL. 33409</i>	
TITLE	<i>TR.</i>	<input checked="" type="checkbox"/> DELETE
NAME	<i>ROBERT A. ROSSILLO</i>	
STREET ADDRESS	<i>501 SEA OATS DR - A-1</i>	
CITY-ST-ZIP	<i>JUNO BEACH, FL. 33408</i>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

NEW 9-17-97

000002298930
-09/22/97--01022--011
***550.00

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: *[Signature]* DATE *9/12/97* DAYTIME PHONE # *561-686-2283*

CR2E034 (9/96)