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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # 344934

1. Corporation Name KROLCO, INC.

FILED Feb 20, 1999 8:00 am Secretary of State

02-20-1999 90007 013 ***150.00



Principal Pla	ce of Business	Mailing Address				1 150100 11111 03013 61010 16100 15111 B	IBI BIBII DIGII BIBII BIB	
415 SOUTH FEDERAL HWY. 415 PO BOX 247 PO		=	NIS SOUTH FEDERAL HWY. PO BOX 247					
DANIA FL 33004 DANIA FL 33004						DO NOT WRITE IN THIS SPACE		
						 Date incorporated or Qualified 04/22/1969 	, , , , , ,	
2. Principal F	Place of Business	2a. Mailing Address		-		4. FEI Number		Applied For
21		26				59-1280297		Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certifcate of Status Desired	\$8.75	Additional Required
City & Sta	te	City & State				6. Election Campaign Financing	· · · · · · · · · · · · · · · · · · ·	May Be
23		28				Trust Fund Contribution		to Fees
Zip	Country	Zip	Cour	ntry		8. This corporation owes the current		· · · · · · · · · · · · · · · · · · ·
24	25	29	30			Personal Property Tax.	∑XYes	□No
	9. Name and Address of Cur	rent Registered Agent				10. Name and Address of New Regis	stered/Agent	
ADN	/IN CORP			81	Name			
415 SO FEDERAL HIGHWAY			<u> </u>	82	Street Address (P.O. Box Number is Not Acceptable)			
DAN	IIA FL 33004		-	83				_ .
				\perp				
			- 1		City			Code
11. Pursuant	to the provisions of Sections 607.0	0502 and 607.1508, Florida Statu	tes, the ab	ove-n	amed corpor	ration submits this statement for the purp	ose of changing it	s registered
agent. I a	am familiar with, and accept the obl	igations of, Section 607.0505, Fig	autnonzed orida Statut	by the tes.	e corporation	is board of directors. I hereby accept the	appointment as r	egistered
							*-	
SIGNATURE							• •	
	Signature, typed or printed name of registered		E: Registered A	lgent siç	gnature required v	when reinstating)	ATE	<u> </u>
12.	OFFICERS	AND DIRECTORS	13.		gnature required v	when reinstating) ADDITIONS/CHANGES TO OFFICE		ORS IN 12
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14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

H.Bloom 2/2/99