

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F89170** (7)

1. Corporation Name  
**DOUGLAS A. KRUEGER, INC.**



Principal Place of Business: **6310 SUNSET DR. S. MIAMI FL 33143 US**  
Mailing Address: **P. O. BOX 431402 S. MIAMI FL 33243-1402 US**

2. Principal Place of Business: **21 5948 SW 73 ST**  
Suite, Apt. #, etc.  
**22**  
City & State: **23 So. Miami, FL**  
Zip: **24 33143** Country: **25 DADE**  
City & State: **27**  
Zip: **29** Country: **30**

3. Date Incorporated or Qualified: **06/30/1982** 3a. Date of Last Report: **06/20/1995**  
4. FET Number: **59-2201606** 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  
**WOLFE, MELVIN ESG**  
**10651 N KENDALL DR STE 200**  
**MIAMI FL 33176**

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 607.002 and 607.1505, 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_ Title: \_\_\_\_\_

12. OFFICERS AND DIRECTORS  
TITLE: **PD**  DELETE  
NAME: **KRUEGER, DOUGLAS A**  
STREET ADDRESS: **P. O. BOX 431402 N/A**  
CITY - ST - ZIP: **S. MIAMI 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  
 Change  Addition  
11 TITLE  
12 NAME  
13 STREET ADDRESS  
14 CITY - ST - ZIP: **zip: 33243-1402**  
21 TITLE  Change  Addition  
22 NAME  
23 STREET ADDRESS  
24 CITY - ST - ZIP  
31 TITLE  Change  Addition  
32 NAME  
33 STREET ADDRESS  
34 CITY - ST - ZIP  
41 TITLE  Change  Addition  
42 NAME  
43 STREET ADDRESS  
44 CITY - ST - ZIP  
51 TITLE  Change  Addition  
52 NAME  
53 STREET ADDRESS  
54 CITY - ST - ZIP  
61 TITLE  Change  Addition  
62 NAME  
63 STREET ADDRESS  
64 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 supplementary 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 of this report or on a supplemental report to this address.

SIGNATURE: *[Signature]* **3/25/96** **305-663-8986**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**DOUGLAS A. KRUEGER**

CR2E034 (12/95)