

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO RESTATE: \$775)**

PROFIT CORPORATION ANNUAL REPORT 1995



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

FILED

95 AUG 10 PM 12:39
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # F93000003374 (6)

1. Corporation Name
KRAUSS/SCHWARTZ PROPERTIES CORPORATION

Principal Place of Business Mailing Address
5215 WEST LAUREL STREET, SUITE 200 TAMPA FL 33607
5215 WEST LAUREL STREET, SUITE 200 TAMPA FL 33607

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21 715 N. Sherrill Street		26 P. O. Box 23943		07/22/1993	02/02/1994
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number	Applied For
23 Tampa, Florida		28 Tampa, Florida		65-0426737	Not Applicable
24 33609		29 U.S.A.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
25 U.S.A.		30 U.S.A.		6. Election Campaign Financing Trust Fund Contribution	
29 33623		30 U.S.A.		7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
SLATTER, MARY 5215 W. LAUREL ST. SUITE 200 TAMPA FL 33607				B1	Name		
				B2	Street Address (P.O. Box Number is Not Acceptable)		
				B3	715 N. Sherrill Street		
				B4	City	FL	B5
				Tampa		33609	

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CVST	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRAUSS, ELMER J	1.2 NAME	
STREET ADDRESS	5215 WEST LAUREL STREET, SUITE 200	1.3 STREET ADDRESS	715 N. Sherrill Street
CITY - ST - ZIP	TAMPA FL 33607	1.4 CITY - ST - ZIP	Tampa, Florida 33609
TITLE	D	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SELBY, JOHN W	2.2 NAME	
STREET ADDRESS	5215 WEST LAUREL STREET, SUITE 200	2.3 STREET ADDRESS	715 N. Sherrill Street
CITY - ST - ZIP	TAMPA FL 33607	2.4 CITY - ST - ZIP	Tampa, Florida 33609
TITLE	DPST	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHWARTZ, JEFFREY H	3.2 NAME	
STREET ADDRESS	5215 WEST LAUREL STREET, SUITE 200	3.3 STREET ADDRESS	715 N. Sherrill Street
CITY - ST - ZIP	TAMPA FL 33607	3.4 CITY - ST - ZIP	Tampa, Florida 33609
TITLE	VST	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SLATTER, MARY	4.2 NAME	
STREET ADDRESS	5215 WEST LAUREL STREET, SUITE 200	4.3 STREET ADDRESS	715 N. Sherrill Street
CITY - ST - ZIP	TAMPA FL 33607	4.4 CITY - ST - ZIP	Tampa, Florida 33609
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 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 included 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: *Elmer J. Krauss* 7/10/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

CR2E034 (3/95)