

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **K33782** (9)

1. Corporation Name
KRUEGER, INC.



Principal Place of Business: **C/O WILLIAM E. KRUEGER, ACCOUNTANT 6310 SUNSET DRIVE MIAMI FL 33143**
Mailing Address: **C/O WILLIAM E. KRUEGER, ACCOUNTANT 6310 SUNSET DRIVE MIAMI FL 33143**

3. Date Incorporated or Qualified: **09/19/1988**
3a. Date of Last Report: **10/20/1995**
4. FET Number: **65-0075553**
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: **6401 SW 87th Ave**
Suite, Apt. #, etc.: **204**
City & State: **MIAMI FL**
Zip: **33173** Country: **DADE**
2a. Mailing Address: **6401 SW 87th Ave**
Suite, Apt. #, etc.: **204**
City & State: **MIAMI FL**
Zip: **33173** Country: **DADE**

9. Name and Address of Current Registered Agent
**KRUEGER, KEITH
6310 SUNSET DR
MIAMI FL 33143**

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable): **6401 SW 87th Ave Suite 204**
83.
84. City: **MIAMI FLA** 85. Zip Code: **FL 33173**

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: _____ (Print Name of Registered Agent) _____ (Print Name of Registered Agent)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	KRUEGER, KEITH	
STREET ADDRESS	5801 SW 70TH ST.	
CITY-ST-ZIP	S. MIAMI FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	KRUEGER, PATRICIA	
STREET ADDRESS	9019 S.W. 107 AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	KRUEGER, WILLIAM E	
STREET ADDRESS	6310 SUNSET DRIVE	
CITY-ST-ZIP	MIAMI FL	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	6401 SW 87th Ave Suite 204
14 CITY-ST-ZIP	MIAMI FLA 33173
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	6401 SW 87th Ave Suite 204
34 CITY-ST-ZIP	MIAMI FLA 33173
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	

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 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 E. Krueger* 4-29-96 305-274-1200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)

CR2E034 (12/95)