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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Ruth Sledge Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000042030

1. Corporation Name
KRM CONSTRUCTION INSURANCE, INC.

Principal Place of Business
**THERREL BASDEN, P.A.
ONE S.E. 3RD AVENUE #2400
MIAMI FL 33131**

Mailing Address
**THERREL BASDEN, P.A.
ONE S.E. 3RD AVENUE #2400
MIAMI FL 33131**

2. Principal Place of Business
21. **7850 N.W. 146 ST**
22. **MIAMI LAKES FL 33016**

23. Mailing Address
23. **7850 N.W. 146 ST**
24. **MIAMI LAKES FL 33016**

25. City & State
25. **MIAMI LAKES FL**

26. Zip
26. **33016 USA**

17. Name and Address of Current Registered Agent
**DANIELS, NICHOLAS M ESQ
THERREL BASDEN, P.A.
ONE S.E. 3RD AVENUE #2400
MIAMI FL 33131**

18. Name and Address of New Registered Agent
**BATTE, BENJAMIN
7850 N.W. 146 ST #200
MIAMI LAKES FL 33016**

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.1 TITLE D	<input type="checkbox"/> DELETE	13.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.2 NAME BATTE, BENJAMIN		13.2 NAME	
12.3 STREET ADDRESS 7850 N.W. 146TH STREET		13.3 STREET ADDRESS	
12.4 CITY-ST-ZIP MIAMI LAKES FL 33016		13.4 CITY-ST-ZIP	
12.5 TITLE D	<input type="checkbox"/> DELETE	13.5 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.6 NAME MATSON, D W II		13.6 NAME	
12.7 STREET ADDRESS 7850 N.W. 146TH STREET		13.7 STREET ADDRESS	
12.8 CITY-ST-ZIP MIAMI LAKES FL 33016		13.8 CITY-ST-ZIP	
12.9 TITLE	<input type="checkbox"/> DELETE	13.9 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.10 NAME		13.10 NAME	
12.11 STREET ADDRESS		13.11 STREET ADDRESS	
12.12 CITY-ST-ZIP		13.12 CITY-ST-ZIP	
12.13 TITLE	<input type="checkbox"/> DELETE	13.13 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.14 NAME		13.14 NAME	
12.15 STREET ADDRESS		13.15 STREET ADDRESS	
12.16 CITY-ST-ZIP		13.16 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information included 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 and that I am an officer or director of the corporation or the holder of an office or position to which this report is required by Chapter 607, Florida Statutes and that my name appears in proper place or places in this report, or on an attachment with an address, with all other persons named.

SIGNATURE: *[Signature]* **1/14/99 305552 1101**

2. Date incorporated or qualified
05/07/1988

4. Fed Number
65-0837382

5. Certificate of Status Desired \$5.75 Additional Fee Required

6. Election Campaign Financing \$5.00 May Be Added to Form

8. This corporation pays the current year intangible Personal Property Tax. Yes No

CR20304 (1-1988)