


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Feb 09 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # S28360 (3) 1. Corporation Name KNOOP, INC.					
Principal Place of Business 6272 147TH AVE N B CLEARWATER FL 34620 US			Mailing Address 6272 147TH AVE N B CLEARWATER FL 34620 US		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/28/1991	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0235487	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	33760	25	33760	7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent JOHNSON BLAKELEY POPE BECKOR RUPPET & BU 915 CHESTNUT STREET CLEARWATER FL 34617				10. Name and Address of New Registered Agent	
				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				85	Zip Code
FL					
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____</small>					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	NAME	DELETED	1.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
STREET ADDRESS	DP KNOOP, PAUL		1.2 NAME		
CITY-ST-ZIP	5232 - 53RD ST. NO. ST. PETERSBURG FL		1.3 STREET ADDRESS		
			1.4 CITY-ST-ZIP		
TITLE	NAME	DELETED	2.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
STREET ADDRESS			2.2 NAME		
CITY-ST-ZIP			2.3 STREET ADDRESS		
			2.4 CITY-ST-ZIP		
TITLE	NAME	DELETED	3.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
STREET ADDRESS			3.2 NAME		
CITY-ST-ZIP			3.3 STREET ADDRESS		
			3.4 CITY-ST-ZIP		
TITLE	NAME	DELETED	4.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
STREET ADDRESS			4.2 NAME		
CITY-ST-ZIP			4.3 STREET ADDRESS		
			4.4 CITY-ST-ZIP		
TITLE	NAME	DELETED	5.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
STREET ADDRESS			5.2 NAME		
CITY-ST-ZIP			5.3 STREET ADDRESS		
			5.4 CITY-ST-ZIP		
TITLE	NAME	DELETED	6.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
STREET ADDRESS			6.2 NAME		
CITY-ST-ZIP			6.3 STREET ADDRESS		
			6.4 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)(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.

SIGNATURE: 



DO NOT WRITE IN THIS SPACE

CR2E034 (10/97)