

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 # K67924 (6)

1. Corporation Name

KROME CENTRE, INC.

Principal Place of Business

**15900 S.W. 408 STREET
P.O. BOX 3004
FLORIDA CITY FL 33034**

Mailing Address

**15900 S.W. 408 STREET
P.O. BOX 3004
FLORIDA CITY FL 33034**



2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 State, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

**TORCISE, STEVE
15900 S.W. 408 STREET
SUITE 201
FLORIDA CITY FL 33034**

3. Date Incorporated or Qualified

02/23/1989

3a. Date of Last Report

03/17/1995

4. FEI Number

65-0101822

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

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 607.0502 and 607.1506, 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 607.0506, Florida Statutes.

SIGNATURE

(If the registered agent is not the corporation, the agent must sign this statement.)

(If the registered agent is not the corporation, the agent must sign this statement.)

Date

12. OFFICERS AND DIRECTORS

1. NAME	D	☐ DELETE
2. STREET ADDRESS	TORCISE, STEVE	
3. CITY, ST, ZIP	17900 S.W. 288TH ST.	
4. TITLE	HOMESTEAD FL	
5. NAME	D	☐ DELETE
6. STREET ADDRESS	TORCISE, SAM	
7. CITY, ST, ZIP	17900 S.W. 288TH ST.	
8. TITLE	HOMESTEAD FL	
9. NAME		☐ DELETE
10. STREET ADDRESS		
11. CITY, ST, ZIP		
12. TITLE		☐ DELETE
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95. CITY, ST, ZIP		
96. TITLE		☐ DELETE
97. NAME		
98. STREET ADDRESS		
99. CITY, ST, ZIP		
100. TITLE		☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. NAME	☐ Change ☐ Addition
2. STREET ADDRESS	
3. CITY, ST, ZIP	
4. TITLE	☐ Change ☐ Addition
5. NAME	
6. STREET ADDRESS	
7. CITY, ST, ZIP	
8. TITLE	☐ Change ☐ Addition
9. NAME	
10. STREET ADDRESS	
11. CITY, ST, ZIP	
12. TITLE	☐ Change ☐ Addition
13. NAME	
14. STREET ADDRESS	
15. CITY, ST, ZIP	
16. TITLE	☐ Change ☐ Addition
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95. CITY, ST, ZIP	
96. TITLE	☐ Change ☐ Addition
97. NAME	
98. STREET ADDRESS	
99. CITY, ST, ZIP	
100. TITLE	☐ Change ☐ Addition

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:

SIGNATURE AND TITLED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Steve Torcise, Sr., President

01-29-96

(305) 247-3011

CR2E034 (12/95)