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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 603692

(5)

KRONGOLD, BASS AND TODD, P.A.

FILED
May 19 1998 8:00am
Secretary of State



Principal Plac	ce of Business	Maiting Address					
201 ALHAMB		201 ALHAMBRA CIRCLE			İ		
	LES FL 33134	CORAL GABLES FL 33134	4		DO NOT MIDITE IN THIS O	-DA OF	
					DO NOT WRITE IN THIS S  3. Date Incorporated or Qualified	MAUE	
A December 1					08/09/1972		
	Place of Business	2a. Mailing Address			4. FEI Number	Applied For	
Suite, Apt	# elc	Suite, Apt. #, etc.			59-1419827	Not Applicab	
22		27			5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & Sta		Cily & State			Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country	Zφ	Cou	intry	8. This corporation owes or has paid the curr	ent year Intangible	
24	25	[29]	30			Yes No	
	9. Name and Address of Curren	nt Registered Agent		04 1	10, Name and Address of New Registered A	gent	
	ISS, PAUL HOWARD			81 Name			
	1 ALHAMBRA CIRCLE				ddress (P.O. Box Number is Not Acceptable)	н.,	
CORAL GABLES FL 33134							
				83			
				84 City	FL	85 Zip Code	
11. Pursuant	to the provisions of Sections 607.050	02 and 607.1508, Florida Statute	es, the al	pove-named co	proporation submits this statement for the surgeon of	changing its registere	
office or agent. I a	registered agent, or both, in the State am familiar with, and accept the oblic	of Florida, Such change was a lations of, Section 607.0505. Flo	uthorize rida Stat	f by the corpo	ration's board of directors. I hereby accept the appo	ointment as registered	
SIGNATURE	www.		0.00				
	Signature, typod or profind name of registered age			Agent signature re-	quired when reinstating) DATE		
12.	OFFICERS AN	D DIRECTORS DELETE	13.	115	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12  Change Addition	
NAME	KRONGOLD,M RONALD		1.1 ₹I 1.2 N/		· ·	L Change L Account	
STREET ADDRESS	201 ALHAMBRA CIRCLE			-			
DITY-ST-ZIP	CORAL GABLES FL			REET ADDRESS			
TITLE	\$	DELETE	2.1 70	TY-\$T-ZIP		Change Addition	
NAME	BASS,PAUL H	EJ vectic	2.2 N/		,	Virgingo [] Multifill	
STREET ADDRESS	201 ALHAMBRA CIRCLE			REFT ADDRESS			
CITY-ST-ZIP	CORAL GABLES FL			TY-ST-ZIP			
TITLE	DP	DELETE	3111			Change Addition	
NAME	KRONGOLD, M. RONALD		32 N/	ļ	•		
STREET ADDRESS	201 ALHAMBRA CIRCLE		4	REET ADDRESS			
CITY-ST-ZIP	CORAL GABLES FL		1	TY-ST-ZIP			
TITLE	0	DELETE	41 10			Change Addition	
NAME	BASS,PAUL H.		4. 2 N	AME	•		
STREET ADDRESS	201 ALHAMBRA CIRCLE			REET ADDRESS			
CITY-ST-ZIP	CORAL GABLES FL			Y-ST-ZIP			
TITLE	0	DELETE	5.1 TII			Change Additio	
NAME	TODD, LESLIE A.	<del>_</del> ····	5.2 NA	1	•		
STREET ADDRESS	201 ALHAMBRA CIRCLE			REET ADDRESS			
CITY-ST-ZIP	CORAL GABLES FL			Y-ST-ZIP			
TITLE	GAINE GIBLEVIL	DELETE	6.1 TII			Change Additio	
NAME			6.2 NA		•	TO SURPLIE	
STREET ADDRESS							
CITY_ST_7IP				REET ADDRESS			

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 13 if changed, or on an attachment with an address.