

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 15, 2004 08:00 AM
Secretary of State

DOCUMENT # 603692

1. Entity Name
KRONGOLD, BASS AND TODD, P.A.



Principal Place of Business
201 ALHAMBRA CIRCLE
CORAL GABLES, FL 33134

Mailing Address
201 ALHAMBRA CIRCLE
CORAL GABLES, FL 33134



01072004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1419827

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BASS, PAUL HOWARD
201 ALHAMBRA CIRCLE
CORAL GABLES, FL 33134

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IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	KRONGOLD, M RONALD
STREET ADDRESS	201 ALHAMBRA CIRCLE
CITY - ST - ZIP	CORAL GABLES, FL
TITLE	S
NAME	BASS, PAUL H
STREET ADDRESS	201 ALHAMBRA CIRCLE
CITY - ST - ZIP	CORAL GABLES, FL
TITLE	DP
NAME	KRONGOLD, M. RONALD
STREET ADDRESS	201 ALHAMBRA CIRCLE
CITY - ST - ZIP	CORAL GABLES, FL
TITLE	D
NAME	BASS, PAUL H.
STREET ADDRESS	201 ALHAMBRA CIRCLE
CITY - ST - ZIP	CORAL GABLES, FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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04/15/04-80023-003 150.00

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IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Paul H. Bass* Sec. Treas 4/15/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #