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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT # 608902

(3)

KRING DESIGNS, INC.

FILED Apr 22 1998 8:00am Secretary of State



### MACEO STREET #### MERRITT BLAND FL 32693 2. Findpal Place of Business 3. Date Incorporated or Qualified Q2/05/1979 2. Findpal Place of Business 3. Date Incorporated or Qualified Q2/05/1979 3. Certificate of Status Desired \$8.75 And stonal Fea Required Fea											
MERRITT ISLAND FL 2893 MERRITT ISLAND FL 2893 S. DO NOT WRITE IN THIS SPACE S. Dolle Incorporation of Qualified Qu	Principal Place of Business Mailing Address						E CARDIN MINTE MAINT INCIN INTER MAINT			011 B1651 (A11	
### DO NOT WHITE IN THIS SPACE 3. Date incorporative for or Qualified ### OZ/06/1979 2. Principal Place of Bueness 2. Mailing Address 2. Mailing Address 3. Date incorporation for or Qualified ### OZ/06/1979 4. Filt Windows 5. Certificate of Status Desired ### OZ/06/1979 6. Certificate of Status Desired ### OZ/06/1979 10. Name and Address of Current Registered Agent ### OZ/06/1979 10. Name and Address of Current Registered Agent ### OZ/06/1979 10. Name and Address of Oz/06/1979 10. Name and Address of Name and Address		2000									
## Processors of Business 2a. Moling Address 4. Fill humbor Applicable South April 4. Fill humbor Applicable South April 4. Fill humbor South April 4. Fill humbor Applicable South April 4. Fill humbor South Applied humbor South April 4. Fill humbor South Applied humbor South Appli	MENNITIONAL PLAN	2900	MERRITT ISLAND PL 32803				DO NOT WRITE IN THIS SPACE				
22						-	· ·				
Sulfe, Apt #, etc.	A Driveriont Dione of D.	ininaan	Do Mailing Address					_	- , , ,		
Suite Apt #, etc. Suite Apt #, etc. Suite Apt #, etc. Sp. Conflicate of Sixtus Deered Sp. 75 Additional City & Status S		siness	h				·-		_ 		
City & State Ci											
City & State 28	22		27				5. Certificate of Status Desired	ш			
Zip Country Zip Country Zip Country S. This corporation owes or has paid the current vest International Property Tax due June 30. Yes No.	City & State		City & State				6. Election Campaign Financing		\$5.00	May Be	
25 28 29 30 Personal Property Tax due June 30 Yes No	23						· · · · · · · · · · · · · · · · · · ·				
S. Name and Address of Current Registered Agent 10, Name and Address of New Registered Agent 180 Name 180 North Orthopathy North Ortho	—		 	\neg	ııry						
KIRSCHENBAUM, MALCOLM R 505 NORTH ORLANDO AVE. COCQA BEACH FL 32831 82 Street Address (P.O. Box Number is Not Acceptable) 11. Pursuent to the provisions of Socions 607.0502 and 607.1508, Florida Statutes. 83 Street Address (P.O. Box Number is Not Acceptable) 11. Pursuent to the provisions of Socions 607.0502 and 607.1508, Florida Statutes the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the Stato of Florida Subtitutes the above-named corporation submits this statement for the purpose of changing its registered agent agent or templated when references the purpose of the purpose of changing its registered agent agent or templated when references the purpose of the purpose of changing its registered agent agent or registered registered agent agent or registered				30			l				
### Street Address (P.O. 8ox Number is Not Acceptable) ### Street Address (P.O. 8ox Number is Not Acceptable) ### Street Address (P.O. 8ox Number is Not Acceptable) ### City			Tragicio de Tragent		B1	Name	10,				
COCQA BEACH FL FL 32931 B3					92	Stroot Addro	ce /P.O. Roy Number is Not Assert	abla)			
83 84 City FL 85 Zip Code					اء"	Street Addre	aress (P.O. Box Number is Not Acceptable)				
1. Pursuant to the provisions of Socious 607 (0.502 and 607 (0.502) And 607 (0.503). In the State of Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida Statutes of Section 697 (0.505). Florida Statutes or eightered agent, or the deplatement of Section 697 (0.505). Florida Statutes. SIGNATURE Signature in the purpose of changing its registered agent or both, in the State of Florida Statutes. Signature in the section of Section 697 (0.505). Florida Statutes. Signature in the section of Section 697 (0.505). Florida Statutes. Signature in the section of Section 697 (0.505). Florida Statutes. Signature in the section of Section 697 (0.505). Florida Statutes. Signature in the section of Section 697 (0.505). Florida Statutes. Signature in the section of Section 697 (0.505). Signature in the section 697 (0.505). Signature in the section of Section 697 (0.505). Signature in the section of Section 697 (0.505). Signature in the section of Section 697 (0.505). Signature in the section 697 (0.505). Signature in the section of Section 697 (0.505).			[4	B3							
11. Pursuant to the provisions of Sections 607, 15,02 and 607 15,03, Florida Statutes, the above-named corporation submit this statement for the purpose of changing its registered and office or registered agent. I am familiar with, and accept the obliquidines of, Section 607, 05,05, Florida Statutes. SIGNATURE Signature tyrea or protect agent and the fairpoints (NOTE Registered Agent signature required when reintaining) DATE	,			ļ.	84	City			85 Zip	Code	
SIGNATURE Signature type de ce protect agent and the la grycontal (MOTE Registred Agent signature topined when rehatiancy) DATE	44 Pursuant to the pro-	visions of Soctions 607 0502	and 607 1508. Florida Statutos	the abo	OVA.	-named corpo	ration submits this statement for the		changing i	le registered	
SIGNATURE Signature type de present signature di log secreta lagent and inte-i approache NOTE Registrate Againt signature topic de shen releatang) DATE	office or registered	agent, or both, in the State o	of Florida Such change was au	thorized	by	the corporation	in's board of directors. I hereby acc	ept the app	ointment as	registered	
Signature, types or princed many steric darger and the f-argincation COTE											
TITLE	SIGNATURE Signature, ty			Registered	Agen	nt signature required					
NAME STREET ADDRESS 28 MCLEOD STREET 1.3 STREE1 ADDRESS 1.4 CITY-ST-ZIP		OFFICERS AND					ADDITIONS/CHANGES TO OFF	ICERS AND	_		
STREET ADDRESS 286 MCLEOD STREET 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	-	O DETU O	☐ Utttlt					•	unange	L_ Addition	
MERRITT ISLAND FL						UDDBECC					
TITLE	Lient										
23 STREET ADDRESS 23 STREET ADDRESS 24 CITY-ST-ZIP 24 CITY-ST-ZIP 24 CITY-ST-ZIP 24 CITY-ST-ZIP 24 CITY-ST-ZIP 25 CITY-ST-ZIP			DELETE			-2"			Change	Addition	
DELETE D	NAME			2.2 NAN	νE				_		
DELETE DELETE 3.1	STREET ADDRESS			2.3 STR	EET A	ADDRESS					
MAME	CITY-ST-ZIP			2. 4 CIT	Y-S1	7 - ZIP					
STREET ADDRESS 3.3 STREET ADDRESS 3.4 CHY-ST-ZIP	TITLE		DELETE	3.1 TITU	E		- 		L Change	Addition	
STREET ADDRESS STRE	NAME			, 3.2 NAN	ΛE						
TITLE	1										
NAME			DELETE			r-ZIP			Change	Addition	
STREET ADDRESS 43 STREET ADDRESS CITY-ST-ZIP 44 CITY-ST-ZIP TITLE DELETE NAME 52 NAME STREET ADDRESS 53 STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP TITLE DELETE NAME 61 TITLE NAME 62 NAME STREET ADDRESS 63 STREET ADDRESS			DELETE .	I .					CT monde	T-1 Modition	
## A CITY-ST-ZIP ### TITLE ###	i '					ADDRESS				İ	
TITLE DELETE 5.1 TITLE Change Addition NAME 52 NAME 52 NAME 53 STREET ADDRESS 53 STREET ADDRESS 54 CITY-ST-ZIP 54 CITY-ST-ZIP TITLE Change Addition NAME 62 NAME 62 NAME 53 STREET ADDRESS 54 STREET ADDRESS 55 ST	[
STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5.4 CITY - ST - ZIP TITLE DELETE 6.1 TITLE Change Addition NAME 62 NAME 63 STREET ADDRESS 63 STREET ADDRESS 63 STREET ADDRESS			DELETE				· · · · · · · · · · · · · · · · · · ·		Change	Addition	
CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE NAME 6.1 TITLE STREET ADDRESS 6.2 NAME 6.3 STREET ADDRESS	NAME			5.2 NAN	ИE						
TITLE	STREET ADDRESS			5.3 STR	EET A	ADDRESS					
NAME STREET ADDRESS 62 NAME 63 STREET ADDRESS	CITY-ST-ZIP			5.4 CITY	Y-ST	-ZIP	<u> </u>				
STREET ADDRESS 63 STREET ADDRESS	TITLE		☐ DELETE						☐ Change	Addition	
	l Ł					ļ					
				1							
64 CITY-ST-ZIP 64 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		the information supplied with	this filing does not qualify for				ection 119 07/3\(i) Florida Statutes	I further ce	ertify that the	information	

indicated on this annual report or supplemental annual report is frue 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.