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PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Apr 16, 1999 8:00 am Secretary of State

04-16-1999 90002 027 ***150.00

KROEGE	ER ENTERPRISES, INC.						
Principal Place	e of Business	Mailing Address			r (BBIGB bisin 1500) grill (BBIn Altra Ital)	A(A)(A)Ati Aiali Ata	11 010 11 61011 1001
12390 SANDY RUN RD 12390 SANDY RUN RD							
JUPITER FL 33478-6651 JUPITER FL 33478-6651						DO NOT WRITE IN THIS SPACE	
						THIS SPACE	
					3. Date Incorporated or Qualifed		}
							New York
2. Principal Pl	lace of Business	2a. Mailing Address			1		
21	W-17	26			59-2012304		
Suite, Apt.	#, etc.				5. Certifcate of Status Desired		
22		City & State			A Flatin Orania Financia		
City & State		 		2	1 7 7 1 1		
23	Country	Zip	Countr				10.1
	25	⊢		,	,	Yes	□No
24	9. Name and Address of Curr		30,			ered Agent	
	2. 1141110 4112 11401000 0. 0		81	l Name			
KRO	eger, mark m)	2 4 4	(D.O. Boy Number is Not Assentable)		
1239	90 SANDY RUN RD		82	2 Street Ad	idress (P.O. Box Number is Not Acceptable)		
JUPI	TER FL 33458		83	3			
					, , , , , , , , , , , , , , , , , , ,	11	
			84	4 City		FI 85 Zij	p Code
	to the provisions of Sections 607.0	3502 and 607.1508, Florida Statute	g Address 4. FEI Number 59-2012304 Apt. #, etc. 5. Certificate of Status Desired 6. Election Campaign Financing Trust Fund Contribution Added to Fees Country 8. This corporation owes the current year Intangible Personal Property Tax. Personal Property Tax. 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 8, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered in 607.0505, Florida Statutes.				
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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 supplier that 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 of 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 or an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

MIJRIMANDICEDECEN SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

561-747-1787