


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

**FILED**

**Apr 15 1997 8:00am**  
**Secretary of State**

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1997</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # 655568 (4)</b> 1. Corporation Name <b>KRONE REAL ESTATE, INC.</b>			
Principal Place of Business <b>114 SW 10TH STREET</b> <b>SUITE B</b> <b>FT. LAUDERDALE FL 33315</b> <b>US</b>		Mailing Address <b>114 SW 10TH STREET</b> <b>SUITE B</b> <b>FT. LAUDERDALE FL 33315-1210</b> <b>US</b>	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	
3. Date Incorporated or Qualified <b>02/12/1980</b>		3a. Date of Last Report <b>04/18/1996</b>	
4. FEI Number <b>59-2184909</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
<b>9. Name and Address of Current Registered Agent</b> <b>KRONENGOLD, MAE E.</b> <b>114 SW 10 ST., SUITE B</b> <b>FORT LAUDERDALE FL 33315</b>		<b>10. Name and Address of New Registered Agent</b> 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.			
SIGNATURE _____ (Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____			
<b>12. OFFICERS AND DIRECTORS</b>		<b>13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12</b>	
TITLE <b>VD</b> NAME <b>KRONEGOLD, STEVEN M</b> STREET ADDRESS <b>114 SW 10 ST., SUITE B</b> CITY-ST-ZIP <b>FT. LAUDERDALE FL</b>	<input type="checkbox"/> DELETE	1.1 TITLE <b>P/T/D</b> 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>PTDS</b> NAME <b>KRONENGOLD, MAE E.</b> STREET ADDRESS <b>114 SW 10 ST, SUITE B</b> CITY-ST-ZIP <b>FT. LAUDERDALE FL</b>	<input type="checkbox"/> DELETE	2.1 TITLE <b>V/S/D</b> 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. I do 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 12 or Block 13 if changed, or on an attachment with an address.			
<b>SIGNATURE:</b> <i>Mae E. Kronengold</i> <b>MAE E. KRONENGOLD</b>		<b>3-24-97</b> <b>954 761-8292</b> Date Daytime Phone #	

CR2E034 (9/96)