

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

FILED
Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90028 006 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F42386

1. Corporation Name
HELGE KRARUP, INC.



Principal Place of Business
~~1511 W 27TH ST~~
~~MIAMI BEACH FL 33140~~
2911 PORT BOULEVARD
MIAMI FL 33132

Mailing Address
~~1511 W 27TH ST~~
~~MIAMI BEACH FL 33140~~
P.O. BOX 849022
HOLLYWOOD FL 33084-1022

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 2911 PORT BLVD
Suite, Apt. #, etc.
22 MIAMI FL
City & State
23 33132
Zip
24
Country
25

2a. Mailing Address
26 P.O. BOX 849022
Suite, Apt. #, etc.
27 HOLLYWOOD FL
City & State
28 33084-1022
Zip
29
Country
30 U.S.A.

3. Date Incorporated or Qualified
08/26/1981

4. FEI Number
59-2122998

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

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

8. This corporation owes the current year Intangible Personal Property Tax. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KRARUP, HELGE
~~1511 W 27 ST~~ P.O. BOX 849022
~~MIAMI BEACH FL 33140~~ HOLLYWOOD FL
33084-1022

81 Name KRARUP, HELGE
82 Street Address (P.O. Box Number is Not Acceptable)
2911 PORT BOULEVARD
83
84 City MIAMI FL 85 Zip Code 33132

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

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DPS	<input checked="" type="checkbox"/> DELETE
NAME	KRARUP, HELGE	
STREET ADDRESS	1511 W 27TH ST	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	KRARUP, BENTE E	
STREET ADDRESS	1511 W 27TH ST	
CITY-ST-ZIP	MIAMI FL 33140	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	KRARUP, KELGE	
STREET ADDRESS	1511 W 27TH ST	
CITY-ST-ZIP	MIAMI BCH FL 33140	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	KRARUP, BENTE E.	
2.3 STREET ADDRESS	P.O. BOX 849022	
2.4 CITY-ST-ZIP	HOLLYWOOD FL - 33084-1022	
3.1 TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	KRARUP, HELGE	
3.3 STREET ADDRESS	P.O. BOX 849022	
3.4 CITY-ST-ZIP	HOLLYWOOD FL 33084-1022	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-11-99 305-608-8334

Date

Daytime Phone #

CR2E034 (11/98)