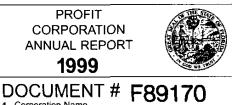
## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## **FILED** Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90154 043 \*\*\*150.00

DOUGLA	S A. KRUEGER, INC.				
Principal Place of Business  6075 SUNSET DRIVE  4TH FLOOR  SO MIAMI FL 33143  US  US  Mailing Address  P. O. BOX 431402  S. MIAMI FL 33243-1402  US  US					DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed
00					06/30/1982
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number Applied For
2126		26			59-2201606 Not Applicable
Suite, Apt. #, etc.  22		Suite, Apt. #, etc.	¬ ''		5. Certificate of Status Desired   \$8.75 Additional Fee Required
City & State		City & State	City & State		6. Election Campaign Financing \$5.00 May Be
23		28			Trust Fund Contribution Added to Fees
Zıp	Country	Zip	Country	′	8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No
24	25		0		Personal Property Tax.
	9. Name and Address of Current	Registered Agent	81	Name	10. Name and Address of New Registered Agent
WOLFE, MELVIN E 7249 NW 36TH COURT			82		ddress (P.O. Box Number is Not Acceptable)
SUNLITE TRADING BLDG		83			
MIAN	M FL 33147		84	City	FL 85 Zip Code
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State on familiar with, and accept the obligat	if Florida. Such change was aut	horized by	the corporat	orporation submits this statement for the purpose of changing its registered ation's board of directors. I hereby accept the appointment as registered
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: R	Registered Age	nt signature requi	uired when reinstating) DATE
12.	OFFICERS ANI		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE		Change Addition
NAME	KRUEGER, DOUGLAS A		1.2 NAME		·
STREET ADDRESS	P. O. BOX 431402 N/A		1.3 STREE	TADDRESS	•
CITY-ST-ZIP	S. MIAMI FL		1.4 CITY-5	T-ZIP	
TITLE		☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREE	TADDRESS	
CITY-ST-ZIP		□ DELETE	2. 4 CITY-	ST-ZIP	☐ Change ☐ Additio
TITLE		□ DELETE	3.1 TITLE	}	Consults Charles
NAME			3.2 NAME	T ADDRESS	
STREET ADDRESS			3.4. CITY-		
CITY-ST-ZIP TITLE		DELETE	4.1 TITLE	51- <i>LI</i> F	☐ Change ☐ Additio
NAME		_	4. 2 NAME		
STREET ADDRESS	1			TADDRESS	
CITY-ST-ZIP	; \$ - <u>-</u>		4.4 CITY-S	- 1	
TITLE		☐ DELETE	5.1 TITLE	-	☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREE	TADDRESS	
CITY-ST-ZIP			5.4 CITY-5	T-ZIP	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREE	TADDRESS	
CITY-ST-ZIP			6.4 CITY-5	T-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 of supplier 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 any aparticular with an address, with all other like empowered.

**SIGNATURE:** 

ID TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

305-663-8986