## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## Apr 28, 2004 8:00 am Secretary of State **DOCUMENT # F93000003374** 04-28-2004 90225 026 \*\*\*150.00 KRAUSS/SCHWARTZ PROPERTIES CORPORATION Principal Place of Business Mailing Address **サエハエハリオヤ** 715 N SHERRILL STREET P.O. BOX 23943 TAMPA, FL 33609 US TAMPA, FL 33623 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04232004 Cha-P CR2E034 (10/03) 4. FEI Number Applied For City & State City & State 65-0426737 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent JEFFREY H. SCHWARTZ\_ KRAUSS, ELMER J-Street Address (P.O. Box Number is Not Acceptable) 715 N SHERRILL STREET TAMPA, FL 33609 715 N. SHERRILL STREET Zip Cog/93609 City TAMPA 8. The above named entity submits this sufferent to the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registere SIGNATURE DATE (NOTE: Recristered Agent signature required when reinstating) red agent and title if applicable 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. (Z) Delete TITLE ☐ Change ■ Addition TITLE KRAUSS, ELMER J NAME 715 N SHERRILL STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TAMPA, FL CITY-ST-ZIE VICE PRESIDENT D ☐ Change Addition ☐X Delete SELBY, JOHN W NAME NAME ANDREW T. SIRIANNI's 715 N SHERRILL STREET STREET ADDRESS STREET ADDRESS 715 N. SHERRILL STREET CITY-ST-ZIP CITY-ST-ZIP TAMPA, FL TAMPA FL 33609 DPST TITLE ☐ Delete TITLE ☐ Change ☐ Addition SCHWARTZ, JEFFREY H NAME NAME 715 N SHERRILL STREET STREET ADDRESS STREET ADORESS CITY-ST-7(P TAMPA, FL CITY-ST-7IP TITLE ST TITLE ☐ Change ☐ Delete ☐ Addition MOORE, CHARLENE D 715 N SHERRILL STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33609 CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Detete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. Thereby certify that the information supplied with this filting does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 teport as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attaching-net with an address. PRESIDENT 4/23/04 (813)289-3180 SIGNATURE:

FILED