

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F94000000780 (6)

1. Corporation Name

KROPSCHOT FINANCIAL SERVICES, INC.



Principal Place of Business

SUITE 850  
4 TRIAD CENTER  
SALT LAKE CITY UT 33324

Mailing Address

SUITE 850  
4 TRIAD CENTER  
SALT LAKE CITY UT 33324

3. Date Incorporated or Qualified  
02/16/1994

3a. Date of Last Report  
08/11/1995

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

30

4. FEI Number

65-0478021

Applied For

Not Applicable

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 has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

FL

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

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP

C  
AMEMBAL, SUDHIR P  
4 TRIAD CENTER, SUITE 850  
SALT LAKE CITY UT 84180-1408

☐ DELETE

D  
HALLADAY, SHAWN D  
4 TRIAD CENTER, SUITE 850  
SALT LAKE CITY UT 84180-1408

☒ DELETE

D  
UPTON, NEVILLE  
4 TRIAD CENTER, SUITE 850  
SALT LAKE CITY UT 84180-1408

☒ DELETE

D  
DEANE, JOHN C  
4 TRIAD CENTER, SUITE 850  
SALT LAKE CITY UT 84180-1408

☐ DELETE

PD  
KROPSCHOT, BRUCE E  
3341 MONET DRIVE  
PALM BEACH GARDENS FL 33410

☐ DELETE

ST  
MEYERS, LYNN L  
3341 MONET DRIVE  
PALM BEACH GARDENS FL 33410

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 attachment with an address.

SIGNATURE:

*Bruce E Kropschot*  
BRUCE E KROPSCHOT  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/31/96

407-694-7700

Daytime Phone #

CR2E034 (12/95)