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PROFIT CORPORATION ANNUAL REPORT

1997



ELORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # H92823

(4)

KRUSELL & COMPANY, INC.

Principal Place of Business Mailing Address % ROBERT STEVEN KRUSELL % ROBERT STEVEN KRUSELL 3000 CHURCH HILL DR. 3000 CHURCH HILL DR. BOYNTON BCH. FL 33435-B115 BOYNTON BCH. FL 33435 3a. Date of Last Report 3. Date Incorporated or Qualified 05/01/1996 01/06/1986 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For 59-2618903 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 28 23 Trust Fund Contribution Added to Fees Z∤p Zip Country Country 8. This corporation has liability for intangible tax under s. 199.032, Yes No 25 24 29 30 Florida Statutes g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name KRUSELL, ROBERT STEVEN 3000 CHURCH HILL DR. 82 Street Address (P.O. Box Number is Not Acceptable) **BOYNTON BCH. FL 33435** 83 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. Fam farmiliar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature: typed or printed name of registered agent and the if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6) 12. 13. DELETE Change Addition 1.1 TITLE TITLE KRUSELL, ROBERT STEVEN NAME 1.2 NAME 3000 CHURCH HILL DR. 1.3 STREET ADDRESS STREET ADORESS **BOYNTON BCH. FL** CITY-ST-ZIE 1.4 CITY - ST - ZIP ■ DELETE Change Addition THE 2.1 Title 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS 2. 4 CITY - ST - ZIP CITY - ST - ZIF DELETE Change Addition TITLE 3.1 TITLE

6.4 CITY - ST - ZIP 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 12-6 ck 13 if changed, or on an attachment with an address

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Secretary of State

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