

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

FILED
May 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # H93221 (0)
1. Corporation Name
KRL ENTERPRISES, INC.



Principal Place of Business 7200 U.S. 10 N 388 #388 PINELLAS PARK FL 34685 US	Mailing Address % KENNETH G. LEVINE 7200 US HWY 19 N. PINELLAS PARK FL 33781-4629
---	--

2. Principal Place of Business 21 25901 US 19 N Suite, Apt. #, etc. 22 City & State 23 Clearwater FL Zip 24 34623 Country 25 Pinellas	2a. Mailing Address 26 25901 US 19 N Suite, Apt. #, etc. 27 City & State 28 Clearwater FL Zip 29 34623 Country 30 Pinellas
---	--

3. Date Incorporated or Qualified 01/01/1986	3a. Date of Last Report 05/29/1996
4. FEI Number 59-2708630	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent LEVINE, KENNETH G. 7200 US HWY 19 N. PINELLAS SQUARE MALL # 388 PINELLAS PARK FL 34685
--

81 Name	82 Street Address (P.O. Box Number is Not Acceptable) 25901 US 19 N	83	84 City Clearwater	FL	85 Zip Code 34623
---------	--	----	-----------------------	----	----------------------

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	PVD <input type="checkbox"/> DELETE
NAME	LEVINE, KENNETH G.
STREET ADDRESS	7200 US HWY 19 N SUITE 388
CITY-ST-ZIP	PINELLAS PARK FL
TITLE	STD <input type="checkbox"/> DELETE
NAME	LEVINE, REGINA B.
STREET ADDRESS	7200 US HWY 19 N SUITE 388
CITY-ST-ZIP	PINELLAS PARK FL
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	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	25901 US 19 N
1.4 CITY-ST-ZIP	Clearwater FL 34623
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	25901 US 19 N
2.4 CITY-ST-ZIP	Clearwater FL 34623
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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 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 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Regina B. Levine* 5/1/97 813-796-2100

CR2E034 (9/96)