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

**PROFIT CORPORATION ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # J04717

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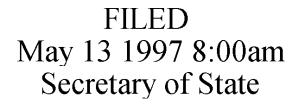
PAINTING BY TOM KROTZ, INC.

Principal Place of Business

Mailing Address

2061 NE 12TH STREET

2661 NE 12TH STREET





POMPANO BEACH FL 33062		POMPANO BEACH FL 33	POMPANO BEACH FL 33062-3824						
,						3. Date incorporated or Qualified 03/18/1986	3a, Da		ast Report <b>96</b>
2. Principal P	ace of Business	2a. Mailing Address 26	<del></del>			4. FEI Number 59-2655410	4		Applied For Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired			75 Additional se Required
City & State	9	City & State	·· •• • · · · · · · · · · · · · · · · ·			Election Campaign Financing Trust Fund Contribution			.00 May Be
Zip 24	Country 25	Zip 29	Cou	ntry		This corporation has liability for in Florida Statutes	itangible Yes		der s. 199.032,
	9. Name and Address of Cu					10. Name and Address of New Reg	stered #	gent	
KRO	TZ, AZA			81	Name				
2661	N.E. 12TH STREET IPANO BEACH FL 33062			82	Street Addre	et Address (P.O. Box Number is Not Acceptable)			
r VIII	IFARO DEAON IL 03002			83	·				
				84	City		FŁ	85	Zıp Code
office or re agent. I as SIGNATURE	egistered agent, or both, in the S	State of Florida, Such change was obligations of, Section 607 0505, F	authorized lorida Stati	d by ules	the corporation.	oration submits this statement for the punt's board of directors. Thereby accepted when renstating)	irpose of tithe appo	chanç intme	ing its registered at as registered
12.		S AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICE		DIREC	CTORS IN 12
TITLE	PV	☐ DELETE	1.1 10	ILE				Ch	
NAME	KROTZ, THOMAS W.		1,2 NA	Mit					
STREET ADDRESS	3020 NE 13TH AVE		1.3 ST	REE1.	ADDRESS				
CITY-ST-ZIP	POMPANO BEACH FL		1.4 CI	1Y - S1	1 - ZIF'				
TITLE	ST	DELETE	2.1 117					Ch	ange Addition
NAME	KROTZ, AZA R.		22 NA	ME	)				
STREET ADDRESS	3020 NE 13TH AVE		23 SI	REFT	ADDRESS				
CITY-ST-ZIP	POMPANO BEACH FL		2. 4 C	IY-S	ST - ZiP				
TITLE		☐ DELETE	3.1 ไท้	I L E				Ch	ange 🔲 Addition
NAME			3.2 NA	ME	[				
STREET ADDRESS			3 3 S1	ÆET	ADDRESS				
CITY-ST-ZIP			3.4 CI	11Y - S	T - 7IP	~			
TITLE		☐ DELETE	4.1 TJT	Ιŧ				_] Ch	ange [_] Additior
NAME			4 2 N	AMF					
STREET ADDRESS			4 3 ST	AFFI	ADDRESS				
CITY-ST-ZIP			4.4 Cf		T - Z)P				~-··-
TITLE		☐ DELETE	5110					Ch	ange [_] Addition
NAME			5.2 NA	ME					
STREET ADDRESS			5.3 ST	REF1.	ADDRESS				
CITY-ST-ZIP			5.4 CI		1 - 2011				
TITLE		☐ DECEDE	6.1 717					] Ch	ange [] Addilior
NAME			6 2 NA						
STREET ADDRESS			6351	HE E I	ADDRESS				
CITY-ST-ZIP	***************************************		6401	14-51	I - 7IP	0	<del></del>		

on prespy 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 eath; 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 of Block 13 if chapter or at attachment with an address.