

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 # **J06476 (2)**
1. Corporation Name
KRIEGER PUBLISHING COMPANY



Principal Place of Business Mailing Address
% CLIFTON A. MCCLELLAND, JR.
700 S. BABCOCK ST.
MELBOURNE FL 32901-1472

3. Date Incorporated or Qualified **03/27/1986** 3a. Date of Last Report **03/28/1995**
4. FEI Number **62-1439208** 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

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent

MCCLELLAND, CLIFTON A., JR.
700 S. BABCOCK ST.
MELBOURNE FL 32902

10. Name and Address of New Registered Agent

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: _____ (NOTE: Registered Agent signature required when re-registering) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	CT	<input type="checkbox"/> DELETE
NAME	KRIEGER, ROBERT E.	<input type="checkbox"/> DELETE
STREET ADDRESS	1725 KRIEGER DR	<input type="checkbox"/> DELETE
CITY-STATE-ZIP	MALABAR FL 32950	<input type="checkbox"/> DELETE
TITLE	PD	<input type="checkbox"/> DELETE
NAME	DONALD KRIEGER	<input type="checkbox"/> DELETE
STREET ADDRESS	1725 KRIEGER DR	<input type="checkbox"/> DELETE
CITY-STATE-ZIP	MALABAR FL 32950	<input type="checkbox"/> DELETE
TITLE	SD	<input type="checkbox"/> DELETE
NAME	MAXINE D. KRIEGER	<input type="checkbox"/> DELETE
STREET ADDRESS	1725 KRIEGER DR	<input type="checkbox"/> DELETE
CITY-STATE-ZIP	MALABAR FL 32950	<input type="checkbox"/> DELETE
TITLE	ASD	<input type="checkbox"/> DELETE
NAME	ANNE KRIEGER s/b ANN	<input type="checkbox"/> DELETE
STREET ADDRESS	1725 KRIEGER DR	<input type="checkbox"/> DELETE
CITY-STATE-ZIP	MALABAR FL 32950	<input type="checkbox"/> DELETE
TITLE	D	<input type="checkbox"/> DELETE
NAME	ROBERT E. KRIEGER, JR.	<input type="checkbox"/> DELETE
STREET ADDRESS	1725 KRIEGER DR	<input type="checkbox"/> DELETE
CITY-STATE-ZIP	MALABAR FL 32950	<input type="checkbox"/> DELETE
TITLE	D	<input type="checkbox"/> DELETE
NAME	THOMAS KRIEGER	<input type="checkbox"/> DELETE
STREET ADDRESS	1725 KRIEGER DR	<input type="checkbox"/> DELETE
CITY-STATE-ZIP	MALABAR FL 32950	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	CAROL ANN KRIEGER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.3 STREET ADDRESS	1725 KRIEGER DR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.4 CITY-STATE-ZIP	MALABAR, FL 32950	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.3 STREET ADDRESS		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.4 CITY-STATE-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.3 STREET ADDRESS		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.4 CITY-STATE-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.3 STREET ADDRESS		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.4 CITY-STATE-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.3 STREET ADDRESS		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.4 CITY-STATE-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.3 STREET ADDRESS		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.4 CITY-STATE-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 an attachment with an address.

SIGNATURE: M.D. KRIEGER M.D. KRIEGER 2/12/96 (407) 724-9542
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CRE034 (12/95)