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95 APR 27 AM 10:20

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # J47288 (2)

1. Corporation Name
KROLASCO INC.

Principal Place of Business	Mailing Address
% INTERSHOP HFA MANAGEMENT 5430 LBJ FRWY, STE 850 DALLAS TX 75240	% INTERSHOP HFA MANAGEMENT 5430 LBJ FRWY, STE 850 DALLAS TX 75240

2. Principal Place of Business	2a. Mailing Address
21 13455 NOEL ROAD	26 13455 NOEL ROAD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 SUITE 1100	27 SUITE 1100
City & State	City & State
23 DALLAS TEXAS	28 DALLAS TEXAS
Zip	Country
24 75240	25 USA
Zip	Country
29 75240	30 USA

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified	3a. Date of Last Report
12/16/1996	02/15/1994
4. FEI Number	Applied For
75-2147550	<input type="checkbox"/> 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 checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

01 Name	05 Zip Code
02 Street Address (P.O. Box Number is Not Acceptable)	FL
03	
04 City	

11. Pursuant to the provisions of Sections 607.0502 and 607.1509, 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 607.0509, Florida Statutes.

SIGNATURE _____ DATE _____
Signature: Typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when identifying.

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	RODER, HEINZ
STREET ADDRESS	BLEICHERWEG 33
CITY - ST - ZIP	ZURICH, SWITZ.
TITLE	VSD
NAME	KAUFMANN, JOSEPH A.
STREET ADDRESS	BLEICHERWEG 33
CITY - ST - ZIP	ZURICH, SWITZ
TITLE	T
NAME	PRIEST, PAT
STREET ADDRESS	5430 LBJ FRWY, STE 850
CITY - ST - ZIP	DALLAS TX
TITLE	VP
NAME	MICHEL, HERBERT
STREET ADDRESS	5430 LBJ FRWY, STE 850
CITY - ST - ZIP	DALLAS TX
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	VICE PRES./DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	RODER, HEINZ	
3. STREET ADDRESS	BLEICHERWEG 33	
4. CITY - ST - ZIP	ZURICH, SWITZ.	
21. TITLE	PRESIDENT/DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	KAUFMANN, JOSEF A.	
23. STREET ADDRESS	BLEICHERWEG 33	
24. CITY - ST - ZIP	ZURICH, SWITZ.	
31. TITLE	VICE PRES./SECRETARY/TREAS.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME	PRIEST, PAT	
33. STREET ADDRESS	13455 NOEL ROAD, SUITE 1100	
34. CITY - ST - ZIP	DALLAS, TEXAS 75240	
41. TITLE	VICE PRES.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME	MICHEL, HERBERT	
43. STREET ADDRESS	BLEICHERWEG 33	
44. CITY - ST - ZIP	ZURICH, SWITZ	
51. TITLE	VICE PRES./ASST. SEC.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52. NAME	PFIISTER, EDITH	
53. STREET ADDRESS	BLEICHERWEG 33	
54. CITY - ST - ZIP	ZURICH, SWITZ.	
61. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME		
63. STREET ADDRESS		
64. 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)(b), Florida Statutes. I further certify that the information included 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 register 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:  **PAT PRIEST, VICE PRESIDENT** **4-18-95** **214-774-4100**
(Typed Name) (Date) (Phone Number)