

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 # **K74822** (3)

1. Corporation Name
JENNIE KREITZ ASSOCIATES, INC.



Principal Place of Business: 7300 W MCNAB ROAD #113 TAMARAC FL 33321
Mailing Address: 7300 W MCNAB ROAD #113 TAMARAC FL 33321

3. Date Incorporated or Qualified: 03/17/1989
3a. Date of Last Report: 01/30/1995

2. Principal Place of Business: 21 441 SO. STATE RD 7 #15 MARGATE, FL 33068 BROWARD
2a. Mailing Address: 26 441 SO. STATE RD 7 #15 MARGATE, FL 33068 BROWARD
22 #15
27 #15
23 MARGATE, FL
28 MARGATE, FL
24 FL 33068 25 BROWARD 29 33068 30 BROWARD

4. FEI Number: 65-0107128
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

9. Name and Address of Current Registered Agent: JENNIE KREITZ EDEL, 301 S.E. 5 TERR, POMPANO BEACH FL 33060
10. Name and Address of New Registered Agent: 81 Name, 82 Street Address (P.O. Box Number is Not Acceptable), 83, 84 City, 85 Zip Code (FL)

11. Pursuant to the provisions of Sections 607.0502 and 607.1503 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: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: D	<input type="checkbox"/> DELETE	1. TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: KREITZ, JENNIE		12. NAME:	
STREET ADDRESS: 6608 PEBBLE BEACH		13. STREET ADDRESS: 301 SE 5th TERR.	
CITY-STATE-ZIP: N LAUDERDALE FL		14. CITY-STATE-ZIP: Pompano Beach, FL 33060	
TITLE:	<input type="checkbox"/> DELETE	2. TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		22. NAME:	
STREET ADDRESS:		23. STREET ADDRESS:	
CITY-STATE-ZIP:		24. CITY-STATE-ZIP:	
TITLE:	<input type="checkbox"/> DELETE	3. TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		32. NAME:	
STREET ADDRESS:		33. STREET ADDRESS:	
CITY-STATE-ZIP:		34. CITY-STATE-ZIP:	
TITLE:	<input type="checkbox"/> DELETE	4. TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		42. NAME:	
STREET ADDRESS:		43. STREET ADDRESS:	
CITY-STATE-ZIP:		44. CITY-STATE-ZIP:	
TITLE:	<input type="checkbox"/> DELETE	5. TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		52. NAME:	
STREET ADDRESS:		53. STREET ADDRESS:	
CITY-STATE-ZIP:		54. CITY-STATE-ZIP:	
TITLE:	<input type="checkbox"/> DELETE	6. TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		62. NAME:	
STREET ADDRESS:		63. STREET ADDRESS:	
CITY-STATE-ZIP:		64. CITY-STATE-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)(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: *Jennie Kreitz Edel* JENNIE KREITZ EDEL
DATE: 954 984-1600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)