


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

FILED
Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90215 020 ***150.00

0166097

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # **L17547**

1. Corporation Name
KREICO BUILDING SYSTEMS, INC.

Principal Place of Business
1600 SW 13TH CT
POMPANO BEACH FL 33069
US

Mailing Address
1600 SW 13TH CT
POMPANO BEACH FL 33069
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
09/18/1989

4. FEI Number
65-0149595

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

9. Name and Address of Current Registered Agent

**KREIZINGER, KENNETH R.
2724 N.E. 35TH STREET
FT. LAUDERDALE FL 33306**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DPT
KREIZINGER, KENNETH
2724 N.E. 35TH ST.
FT. LAUDERDALE FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
KAPLAN, THOMAS
3730 COCONUT CRK PKWY
COCONUT CREEK FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
TENNANT, JEFFERY
860 SW 20TH ST
BOCA RATON FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MOSS, BOB
6300 NW 5TH WAY
FT. LAUDERDALE FL 33309**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
HOLZ, IRA
4605 NW 23RD TERRACE
BOCA RATON FL 33431**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
THOMAS, GEOFFREY
2641 NW 37TH STREET
FT. LAUDERDALE FL 33308**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

**2424 N. Federal Highway #300
Boca Raton, FL 33439**

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/99 954-783-0472
Date Daytime Phone #