


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

FILED

Apr 23 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L69545 (6)					
1. Corporation Name KRIMPERS OF ST. PETERSBURG, INC.					
Principal Place of Business % JOAN LOBIANCO WALKER 5263 CENTRAL AVENUE ST. PETERSBURG FL 33710			Mailing Address % JOAN LOBIANCO WALKER 5263 CENTRAL AVENUE ST. PETERSBURG FL 33710-8141		
2. Principal Place of Business 21 2900 Fourth Street North Suite, Apt. #, etc. 22 City & State 23 St. Petersburg, FL Zip 24 33704		2a. Mailing Address 26 Joan LoBianco Walker Suite, Apt. #, etc. 27 5536 Central Avenue City & State 28 St. Petersburg, FL Zip 29 33707		3. Date Incorporated or Qualified 04/26/1990 3a. Date of Last Report 04/02/1996 4. FEI Number 59-3007701 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 type="checkbox"/> No	
9. Name and Address of Current Registered Agent WALKER, JOAN LOBIANCO 5263 CENTRAL AVENUE ST. PETERSBURG FL 33710			10. Name and Address of New Registered Agent 81 Name Joan LoBianco Walker 82 Street Address (P.O. Box Number is Not Acceptable) 5536 Central Avenue 83 84 City St. Petersburg, FL 85 Zip Code 33707		
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 reinstating) DATE _____					
12. OFFICERS AND DIRECTORS					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
14. I do 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.					

SIGNATURE:

Signature of Officer or Director
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

0376023

CR2E034 (9/96)