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 # **L87398** **(8)**

1. Corporation Name

KRTHOUSE CORP.

Principal Place of Business

599 LEXINGTON AVE
26 FL
NEW YORK NY 10043

Mailing Address

801 NORTHEAST 167TH STREET
SUITE 300
NORTH MIAMI BEACH FL 33162

3. Date Incorporated or Qualified: **07/17/1990**

3a. Date of Last Report: **07/10/1995**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: **13-3597524** 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

9. Name and Address of Current Registered Agent

UNITED CORPORATE SERVICES, INC.
801 NORTHEAST 167TH STREET
SUITE 300
N. MIAMI BEACH FL 33162

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 with original filing) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	GOLDSTEIN, PATRICIA	
STREET ADDRESS	599 LEXINGTON AVE	
CITY-ST-ZIP	NEW YORK NY	
TITLE	PD	☐ DELETE
NAME	TOCKARSHEWSKY, BENEDICT	
STREET ADDRESS	599 LEXINGTON AVE	
CITY-ST-ZIP	NEW YORK NY	
TITLE	VS	☐ DELETE
NAME	MCCARTHY, JOSEPH	
STREET ADDRESS	2502 ROCKY POINT RD	
CITY-ST-ZIP	TAMPA FL	
TITLE	VAS	☐ DELETE
NAME	MORRA, PAUL	
STREET ADDRESS	2502 ROCKY POINT RD	
CITY-ST-ZIP	TAMPA FL	
TITLE	VT	☐ DELETE
NAME	CALIA, VITO	
STREET ADDRESS	850 THIRD AVE	
CITY-ST-ZIP	NEW YORK NY	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	VS	☒ Change ☐ Addition
3.2 NAME	McCarthy, Joseph	
3.3 STREET ADDRESS	6700 Citicorp Drive	
3.4 CITY-ST-ZIP	Tampa, FL 33619	
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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)(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: (JOSEPH F. McCARTHY) 5/2/96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)