2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000123261

1. Entity Name
KRON-NORTH, INC.

Principal Place of Business	Mailing Address
510 BROAD HOLLOW RD SRE 301 ~~BOYNTON BEACH, FL 11747~~ *Melville NY 11947*	510 BROAD HOLLOW RD SRE 301 ~~BOYNTON BEACH, FL 11747~~ *Melville NY 11947*

DO NOT WRITE IN THIS SPACE

04262004   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
61-1431915	Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

NATIONAL CORPORATE RESEARCH, LTD., INC.
1406 HAYS ST STE 2
TALLAHASSEE, FL 32301

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

_{Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE}

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	KRON, DAVID
STREET ADDRESS	510 BROAD HOLLOW RD SRE 301
CITY-ST-ZIP	MELVILLE, NY 11747

TITLE	
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STREET ADDRESS	
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CITY-ST-ZIP	

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12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *David Kron*   4-16-04   712 736-1911

_{SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #}