

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 # **P40521 (7)**

1. Corporation Name
KRONBERG BROS., INC.



Principal Place of Business: **7 PHILIP PLACE, NORTH HAVEN CT 06473-1695**
Mailing Address: **7 PHILIP PLACE, NORTH HAVEN CT 06473-1695**

3. Date Incorporated or Qualified: **09/15/1992**
3a. Date of Last Report: **03/30/1995**
4. FEI Number: **06-0868175**
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

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent
**DEL CASTILLO, ADOLFO
CONCORD BLDG. #808
66 WEST FLAGLER ST.,
MIAMI FL 33130**

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 607.1508, 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	
TITLE	CP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRONBERG, DAVID L.	12 NAME	
STREET ADDRESS	60 TOWNSEND AVE.	13 STREET ADDRESS	
CITY-ST-ZIP	NEW HAVEN CT	14 CITY-ST-ZIP	
TITLE	CS <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRONBERG, ANNE J.	22 NAME	
STREET ADDRESS	60 TOWNSEND AVE.	23 STREET ADDRESS	
CITY-ST-ZIP	NEW HAVEN CT	24 CITY-ST-ZIP	
TITLE	T <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRONBERG, LINDA	32 NAME	Treasurer
STREET ADDRESS	355 LENOX ST.	33 STREET ADDRESS	KRONBERG, LOIS
CITY-ST-ZIP	NEW HAVEN CT	34 CITY-ST-ZIP	355 LENOX ST.
TITLE	V <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OLIVERI, BRIAN M.	42 NAME	
STREET ADDRESS	1 MANSFIELD GROVE RD #10	43 STREET ADDRESS	
CITY-ST-ZIP	EAST HAVEN CT	44 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

355 LENOX ST. NEW HAVEN, CT 06513

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: *David L. Kronberg* David L. Kronberg 1/22/96 (203)239-5687
SIGNATURE AND TYPED OR PRINTED NAME OF WORKING OFFICER OR DIRECTOR Date Day/Time Phone #

CR2E034 (12/95)