

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

FILED

Apr 09 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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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



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
09/15/1992

4. FEI Number 06-0868175 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 or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

DEL CASTILLO, ADOLFO
111 SW 3RD STREET
STE 101., MCCORMICK BLDG
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

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRONBERG, DAVID L.	1.2 NAME	
STREET ADDRESS	60 TOWNSEND AVE.	1.3 STREET ADDRESS	
CITY-ST-ZIP	NEW HAVEN CT	1.4 CITY-ST-ZIP	
TITLE	CS	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRONBERG, ANNE J.	2.2 NAME	
STREET ADDRESS	60 TOWNSEND AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	NEW HAVEN CT	2.4 CITY-ST-ZIP	
TITLE	T	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRONBERG, LOIS	3.2 NAME	
STREET ADDRESS	355 LENOX ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	NEW HAVEN CT	3.4 CITY-ST-ZIP	
TITLE	V	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OLIVERI, BRIAN M.	4.2 NAME	
STREET ADDRESS	1 MANSFIELD GROVE RD #102	4.3 STREET ADDRESS	1 Mansfield Grove Rd #102
CITY-ST-ZIP	EAST HAVEN CT	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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.

SIGNATURE:

Brian M. Oliveri

3-20-98 203-239-5687

CR2E034 (10/97)