

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 15, 1999 8:00 am  
Secretary of State

04-15-1999 90145 016 \*\*\*150.00

DOCUMENT # P92000013778

1. Corporation Name  
KROAH, INC.



Principal Place of Business  
299 N RIVERSIDE DR #703  
POMPANO BEACH FL 33062

Mailing Address  
299 N RIVERSIDE DR #703  
POMPANO BEACH FL 33062

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
12/18/1992

4. FEI Number  
65-0373480

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 the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 481 W. Tropical Way  
Suite, Apt. #, etc.

2a. Mailing Address

26 481 W Tropical Way  
Suite, Apt. #, etc.

22 8  
City & State  
23 Plantation FL

27  
City & State  
28 Plantation FL

24 33317 25 USA  
Zip Country

29 33317 30 USA  
Zip Country

9. Name and Address of Current Registered Agent

MULLIN, JAMES G  
2263 NW BOCA RATON BLVD #205  
BOCA RATON FL 33431

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

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 DPT  
NAME KROAH, EDWARD J  
STREET ADDRESS 299 N RIVERSIDE DR #703  
CITY-ST-ZIP POMPANO BEACH FL

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS 481 W Tropical Way  
1.4 CITY-ST-ZIP Plantation FL 33317

TITLE DVPS  
NAME KROAH, ESTHER  
STREET ADDRESS 299 N RIVERSIDE DR #703  
CITY-ST-ZIP POMPANO BEACH FL

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS 481 W Tropical Way  
2.4 CITY-ST-ZIP Plantation FL 33317

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)