

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 # P93000015852 (5)

1. Corporation Name
KROMER TRAILER SALES, INC.



Principal Place of Business: 1023 GUNN HIGHWAY, ODESSA FL 33556, US
Mailing Address: C/O WALTER SANDERS, 13910 N DALE MABRY SUITE 1, TAMPA FL 33618, US

3. Date Incorporated or Qualified: 03/02/1993
3a. Date of Last Report: 04/03/1995

2. Principal Place of Business: 21 14401 N Nebraska Ave, Suite Apt. #, etc.: 22
2a. Mailing Address: 26 P.O. Box 280052, Suite, Apt. #, etc.: 27
City & State: 23 Tampa, FL, City & State: 28 TAMPA, FL
Zip: 24 33613, Country: 25 US, Zip: 29 33613, Country: 30 FL, US

4. FEI Number: 59-3167473, 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: SANDERS, WALTER, 13910 NORTH DALE MABRY HWY, SUITE ONE, TAMPA FL 33618

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: *Walter Sanders* (Typed or printed name of registered agent, if not applicable) DATE: 04/19/96

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	KROMER, PAMELA D	
STREET ADDRESS	401 LAKEWOOD AVENUE	
CITY-ST-ZIP	TAMPA FL 33613	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KROMER, JOSEPH	
STREET ADDRESS	401 LAKEWOOD AVENUE	
CITY-ST-ZIP	TAMPA FL 33613	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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, changed, or on an attachment with an address.

SIGNATURE: *Pamela Kromer* (Typed or printed name of signing officer or director) DATE: 4-29-96 DAYTIME PHONE #: (813) 977-1295

CR2E034 (12/95)