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

CORPORATION ANNUAL REPORT

DOCUMENT #

KROGEN EXPRESS YACHT COMPANY

PROFIT Apr 10 1998 8:00am FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS P93000033395 (3)

FILED

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Principal Place of Business Mailing Address		- 1 100510001 310 10160 41141 80441 00111 00411 00401	11 88 11188 11118 19191 9111 1981		
799 BRICKELL PLZ 799 BRICKELL PLZ					
STE 701 STE 701		DO NOT WRITE IN THIS SPACE			
MIAMI FL 33131 MIAMI FL 33131 US US		3. Date Incorporated or Qualified			
	50		05/07/1993		
2. Principal Place of Business	2a. Mailing Address		4, FEI Number	Applied For	
21	26		65-0410077	Not Applicable	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State	City & State		- FI 15 - O		
23	28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip Country	Zip Country		8. This corporation owes or has paid the current year Intangible		
24 25	29 30]	Personal Property Tax due June 30.	Yes No	
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent					
HELLMAN, MAYNARO J	Mark E. Fried, P.	! ! ' ' '	ark E. Fried, PA		
1100 FONCE DE LEON BLVD					
OWAL MABLES PL 83134	Minmi Cl 22121 83			<u> </u>	
	MIGHT, IL SSIST		th Floor	Tagl 30 Octo	
		84 City	iami, F	L 85 Zip Code 33131	
11. Pursuant to the provisions of Sections 667-9502 office or registered agent, or both in the State agent. I am familiar the adequate the state agent.	and 607.1508, Florida Statutes,	the above-named corpo	oration submits this statement for the purpose	of changing its registered	
agent. I am familiar you and a cept the oblige	or forida. Such change was auth tions of, Section 607.0505, Florida	iorized by the corporation Statutes.	on's board of directors. I hereby accept the a	ppointment as registered	
SIGNATURE	WARK E.	FRIED	4/7/9	8	
Signate of your or confined on registered age		gistered Agent signature require	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12	
12. OFFICERS AND	DELETE	1.1 TOLE	ADDITIONS/OFFACEO TO OFFICE NO A	Change Addition	
NAME KROGEN KURT M		1.2 NAME		ľ	
STREET ADDRESS 320 ISLAND DR		1.3 STREET ADDRESS		ı	
CITY-ST-ZIP KEY BISCAYNE FL		1.4 CITY-ST-ZIP			
AUTE AL	☐ DELETE	2.1 TITLE		Change Addition	
NAME JAMES MA KROGEN		2.2 NAME			
STREET ADDRESS 799 BRICKELL PLZ 701		2.3 STREET ADORESS			
CITY-ST-ZIP MIAMI FL	DELFTE	2. 4 CITY-ST-ZIP 3.1 TITLE		Change Addition	
NAME	J 52	3.2 NAME			
STREET ADDRESS		3.3 STREET ADDRESS			
CITY-ST-ZIP		3.4. CITY-ST-ZIP			
TITLE	☐ DELETE	4.1 TITLE		Change Addition	
NAME		4. 2 NAME			
STREET ADDRESS		4.3 STREET ADDRESS			
CITY-ST-ZIP	E Delete	4.4 CITY-ST-ZIP		Change Addition	
TITLE	☐ DELETE	5.1 TITLE		Change	
NAME		5.2 NAME 5.3 STREET ADDRESS			
STREET ADDRESS CITY-ST-ZIP		5.4 CITY+ST-ZIP			
TITLE	☐ D ELETE	6.1 TITLE		Change Addition	
NAME		6.2 NAME		.	
STREET ADDRESS		6.3 STREET ADDRESS		,	
CITY-SI-ZIP		·			

ly for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the informatio accurate and that my signature shall have the same legal effect as if made under oath; that I am an to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

39.98