

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
Mar 17, 1999 8:00 am
Secretary of State

03-17-1999 90136 040 ***150.00

DOCUMENT # P93000033395

1. Corporation Name

KROGEN EXPRESS YACHT COMPANY

Principal Place of Business

799 BRICKELL PLZ
STE 701
MIAMI FL 33131
US

Mailing Address

799 BRICKELL PLZ
STE 701
MIAMI FL 33131
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/07/1993

4. FEI Number

65-0410077

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 1400 S.W. Chapman Way

2a. Mailing Address

26 1400 S.W. Chapman Way

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

23 Palm City, FL

27 City & State

28 Palm City, FL

24 Zip Country

34990 25 USA

29 Zip Country

30 34990 USA

9. Name and Address of Current Registered Agent

FRIED, MARK E P A
1110 BRICKELL AVE
7TH FL
MIAMI FL 33131

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

TITLE P ☐ DELETE

NAME KROGEN KURT M

STREET ADDRESS 320 ISLAND DR

CITY-ST-ZIP KEY BISCAIYNE FL

TITLE VP ☐ DELETE

NAME JAMES MA KROGEN

STREET ADDRESS 799 BRICKELL PLZ 701

CITY-ST-ZIP MIAMI FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Pres. ☒ Change ☐ Addition

1.2 NAME Kurt M. Krogen

1.3 STREET ADDRESS 1400 S.W. Chapman Way

1.4 CITY-ST-ZIP Palm City, FL 34990

2.1 TITLE Sec/Treas. ☒ Change ☐ Addition

2.2 NAME James M. Krogen

2.3 STREET ADDRESS 25 SE 2nd Avenue, #1240

2.4 CITY-ST-ZIP Miami, FL 33131

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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

KURT M. Krogen, Pres.

1/11/99

Date

(561) 286-0171

Daytime Phone #

CR2E034 (11/98)